

Tasmanian Sail Training Association (Lady Nelson) GPO Box 785 Hobart 7001

Phone: 03 6234 3348

Email: enquiries@ladynelson.org.au

APPLICATION FOR MEMBERSHIP

First:							
City: State: Pos							
Work: Mobil	le:						
Date of Birth: Occupation (optional)							
NEXT OF KIN							
First:	Mr. Mrs. Miss. Ms.						
State:	Postcode:						
Relationship:							
Membership Fees and Rates: (membership valid 1st July to 30th June)							
members less than 18 years of age.	\$20						
`	\$35						
	\$55						
Parents and children up to 17 years of							
	Occupation (optional)						

Direct deposit:

Account name: Tasmanian Sail Training Association

BSB: 067-100 Account Number: 1030 2295

PREFERRED AREA TO PARTICIPATE

(please circle one or more)

<u>CREWING:</u>		DECK		COOK	PURSER		
MAINTENANCE:		GENERAL		MECHANICAL	ELECTRICAL		
OFFICE:		ADMINISTRATION		INFORMATION TECHNOLOGY			
		FUND RAISING		HISTORICAL			
SPECIAL SKILLS OR KNOWLEDGE:							
Please list any special skills or knowledge that you possess that may benefit the Association:							
ASSOCIATE MEMBERS (Family members)							
	Name		Date of Birth	R	elationship		
1.							
2.							
3.							
	OFFICE USE ONLY						
	Date Application received: Receipt: issued by:						
	Date entered database:						
	Date sent for	SIT					
	Date returned from SIT:						
	Date Logon Details emailed						
	Date Entered in Contacts and Sailing Summary						