



SABRE SAILING ASSOCIATION QUEENSLAND MEMBERSHIP APPLICATION / RENEWAL

Please include me as a member of the Sabre Sailing Association of Queensland for the sailing season ending 30 June 2017.

PERSONAL DETAILS	Given Name:..... Surname:..... Street:..... Suburb:..... Postcode:..... Home Ph:..... Mobile Ph:..... Email:..... Date of Birth:...../...../.....																
SAILING DETAILS	Sailing Club:..... Boat No.:..... Boat Name: Do you have a current measurement certificate: Yes / No If you have recently purchased your Sabre, please supply the name and address of the previous owner (if known) Name:..... Address:.....																
MEMBERSHIP DETAILS	Membership Category (please circle) Junior: \$25 Senior: \$35 Family: \$40 Names of family members <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>First Name</i></th> <th style="text-align: left;"><i>Date of Birth</i></th> <th style="text-align: left;"><i>Sail No.</i></th> <th style="text-align: left;"><i>Boat Name</i></th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>...../...../.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>...../...../.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>...../...../.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>	<i>First Name</i>	<i>Date of Birth</i>	<i>Sail No.</i>	<i>Boat Name</i>/...../...../...../...../...../.....
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PAYMENT METHODS
EFT or Direct Deposit at any Suncorp Branch

Account Name: Queensland Sabre Sailing Association
 Account Number: 0512 245 49
 BSB: 484-799
 Reference: Your full name

Please scan/email your completed application form to:
The Secretary / Treasurer, SSAQ, Keith Wilson artisand@gmail.com