

APPLICATION FOR MEMBERSHIP

Please forward application form to:-

The Treasurer, Sabre Sailing Assoc of SA Inc, 243 O'Sullivan Beach Rd, Morphett Vale, SA 5162

PERSONAL DATA

Please print

NAME:

ADDRESS:

SUBURB: POST CODE

TELEPHONE No:Home.....Work.....Mobile.....

DATE of BIRTH:...../...../.....E-MAIL:.....

SAILING CLUB:.....

BOAT DETAILS

BOAT/SAIL No: BOAT NAME

CURRENT MEASUREMENT CERTIFICATE: YES / NO

MEMBERSHIP DETAILS

Circle appropriate Division. Age as at 1st May Season runs from 1 May to 30th April

Junior	Senior	Master	Grand Master	Veteran	Grand Veteran
Under 18	18 - 39	40 - 49	50 - 59	60 - 69	70+

STATE CHAMPIONSHIPS ENTRY

I wish to enter the above boat in the State Championships and enclose the entry fee of \$20.
I understand that details of the State Championships will be distributed at a later date.

Note: A late entry fee of \$10 will apply to persons entering less than 4 days prior to the first heat.

PAYMENT DETAILS

Junior Membership (\$20)	\$.....
Other Membership (\$30)	\$.....
State Championships (\$20)	\$.....
Total payment	\$.....

Direct Payment Details:

C/wth Bank – Sabre Sailing
Assoc of SA Inc
BSB 065-128
Account No 00900895

NB. Please provide

Reference Detail.....

Date paid/...../20.....

Signature

Date

Office use

(Return to Secretary for filing)

Treasurer: Recpt No Amt \$..... Date/...../..... Mailing List.....

Membership: Season Sticker Boat Register