# Sabre Sailing Association of SA APPLICATION FOR MEMBERSHIP 2016-17 Season

Please forward application form to:-

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

### PERSONAL DATA

Please print					
NAME:					
ADDRESS:					
SUBURB:				POST CODE	
Contact No:	s: Home		Work	Mobile	
E-MAIL:					
SAILING CLUB:					
Date of birth ://					
Circle Appropriate Age Division.					
Age as at 1 <sup>st</sup> May (Season runs from 1st May to 30 <sup>th</sup> April)					
			Grand Master 50 - 59		

## **BOAT DETAILS**

BOAT/SAIL No: ..... BOAT NAME: .....

CURRENT MEASUREMENT CERTIFICATE: YES / NO

#### **STATE CHAMPIONSHIPS ENTRY 2016-17**

I wish to enter the above boat in the State Championships and will ensure that all sails to be used (two allowed) and foils will be measured at least a week prior to competing.

YES / NO Signature: ..... Date: .....

<u>Note</u>: Entry to the 2016/17 State Championships is free for all members of the SSASA. All competitors will be required to pay any Club Safety Fees where applicable.

#### **PAYMENT DETAILS**

Annual Membership fee is **\$30** with Juniors (Under 18 on May 1<sup>st</sup>) free.

Cheque To: Sabre Sailing Assoc of SA

Or (Preferred),

Direct Debit to - C/wlth Bank SSASA Account BSB 065128 Account No. 00900895 Note: Ensure member's surname and initial are included in the payer reference.