

MEMBERSHIP APPLICATION FORM – COUPLE/FAMILY

Membership Year runs from 1 July – 30 June

Membership category (tick one)

☐ **Ordinary** (25 years +)

☐ **Social** (25 years +)

PRIMARY APPLICANT

*For those applying for family memberships, this will be the head member

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Master ☐

Surname:

First Name:

Preferred name if different:

Date of birth:

Occupation:

Employer as applicable:

Preferred Mailing Address:

..... Post Code:

Residential address if different:

..... Post Code:

Mobile: Preferred Contact Details:

E-Mail: Business Ph:

I confirm that I would like to receive your email newsletter at this email address ☐ (please ✓)

Which club activities would you like to participate in?

☐ Power Boating ☐ Fishing ☐ Diving ☐ Cruising ☐ Keelboat Sailing / Racing

☐ Dinghy Sailing Adult ☐ Social ☐ Volunteering ☐ Time Trials ☐ Dragon Boating

Have you previously been a member of MOFSC? ☐ Yes ☐ No If so, during which years?

If so, what was your reason for leaving?

Where did you hear about MOFSC?

Are you a member of any other water-activities or sports clubs or associations ☐ Yes ☐ No

Details:

PENS/HARDSTAND APPLICATIONS

If you would like to keep your boat at the MOFSC you will need to apply for a pen or hardstand separately.

Are you, the primary applicant, a boat owner? Yes ☐ No ☐

Your boat and insurance details are required before Members can use the Club's marina.

HUSBAND/WIFE/PARTNER OF PRIMARY APPLICANT

Title: Mr / Mrs / Miss / Ms

Surname:

First Name:

Preferred name if different:

Date of birth:

Occupation:

Employer as applicable:

Mobile:

E-Mail:

I confirm that I would like to receive your email newsletter at this email address ☐ (please ✓)

CHILDREN DETAILS

J1. Title: Miss / Master

Surname:

First Name:

Preferred name if different:

Date of birth:

School:

Which Junior activities would you like to participate in?

☐ Fishing ☐ Dinghy Sailing ☐ Tackers ☐ Diving ☐ Junior Social ☐ Dragon Boating

J2. Title: Miss / Master

Surname:

First Name:

Preferred name if different:

Date of birth:

School:

Which Junior activities would you like to participate in?

☐ Fishing ☐ Dinghy Sailing ☐ Tackers ☐ Diving ☐ Junior Social ☐ Dragon Boating

J3. Title: Miss / Master

Surname:

First Name:

Preferred name if different:

Date of birth:

School:

Which Junior activities would you like to participate in?

☐ Fishing ☐ Dinghy Sailing ☐ Tackers ☐ Diving ☐ Junior Social ☐ Dragon Boating

J4. Title: Miss / Master

Surname:

First Name:

Preferred name if different:

Date of birth:

School:

Which Junior activities would you like to participate in?

☐ Fishing ☐ Dinghy Sailing ☐ Tackers ☐ Diving ☐ Junior Social ☐ Dragon Boating

For all juniors:

Emergency Contact..... Emergency contact number:

Would you like the above Youth / Junior Member(s) linked to your membership card? If so they will have access to your house levy and any funds added to your membership card during the course of your membership.

☐ Yes ☐ No

DECLARATION

I/we would like to receive email communications from the club at the email addresses provided.

Our names, membership categories and mailing address may be published in the Member Register.

In the event of our Membership approval, we agree to abide by the Rules of the MOFSC and any regulations for the time being in force and as parents/legal guardians of the juniors on this application will take responsibility for their behaviour at the club.

Signature of primary applicant: Date:

Signature of husband/wife/partner:..... Date:

REFERENCES (Ordinary members only)

Ordinary members must be proposed and seconded by two other Ordinary members.

We the undersigned consider the applicant to be a person of good character who will honour his/her obligations to the Club.

Proposer name: (PRINT) Member no:

Proposer signature: Period of time known:

Seconder name: (PRINT) Member no:

Seconder signature: Period of time known:

OFFICE USE ONLY

	Ordinary	Social	Youth	Associate	Junior 1	Junior 2	Junior 3	Junior 4	Total
Nomination									
Subscription									
House levy									
Total									

OFFICE USE

Date received:	Amount to pay:	Date paid:
Name 1/	Member Number:	Card number: Gate Access <input type="checkbox"/>
Name 2/	Member Number:	Card number: Gate Access <input type="checkbox"/>
Name J1/	Member Number:	Card number:
Name J2/	Member Number:	Card number:
Name J3/	Member Number:	Card number:
Name J4/	Member Number:	Card number:

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