## Kogarah Bay Sailing Club Dover Park (East), Princes Highway, Blakehurst NSW



## **REGISTRATION FORM 2010-2011**

Please complete this form and forward it to the Secretary together with the appropriate fee.

Honorary Secretary, P.0 Box 242 Southgate Shopping Centre, Sylvania, NSW 2224

It may also be handed in at the Club's Office or Canteen on race days.

Membership Details								
Members Name	- IVICITIO	J. Ollip Dotailo						
Street Address								
Suburb			Post Code					
Cabaib	Home:		Work:					
Telephone	Mobile:							
Email								
LIIIali								
Type of Membership:	☐ Senior ☐ Fami	·	·/ DOB					
For Family memberships please list names of other members: -								
1		2						
3		4						
FOR NEW MEMBERSHIP	Nominator: -		Seconded: -					
Yachting NSW Details								
If you are a financial member of Yachting NSW for the current year through another club please quote here:								
Number:		Name						
If you are <b>NOT</b> a financial me require membership for the c	u 🔲	Yes	□ No					
Boat Details								
Class of boat: Boa			Boat/Sail Number:					
Boat Name:		Skipper:						
Boat Insurers Details								
Boat name & number on po	olicy:							
Insurer:	Policy Number:							
Type of Insurance:	Policy Holders Name:							
KBSC FEES								
Family Membership:	\$175.00	Race Fees –	1 <sup>st</sup> Boat	\$130.00 Includes Winter F	 P/S			
Seniors Membership:	\$115.00	Additional Boa		\$65.00 melades winter r	, 5			
Junior Membership:		asual Race Fee (pe	•	\$10.00				
Associate Membership:	\$50.00 Boat Storage (if space available)							
	For boats 4.267m (14ft.) and over: \$ 240.00 p.a.							
	For boats less than 4.267m (14ft.): \$155.00 p.a.  For trailers at the club's discretion: \$5.00 p.w.							
Casual shed rental: \$20.00 p.w.								
PLEASE NOTE: Boat storage is at the owner's responsibility & liability. Kogarah Bay Sailing Club accept no responsibility for any loss or damage to stored boats or equipment held or stored on its' premises or surrounding lands and waterways.								
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Received by:		Invoice/Re	eceipt No.: -	·				
		Amount P	aid: \$ _					