

# WARANGA BOAT CLUB Inc.

Inc. No. A4741  
LAKE WARANGA  
P.O. BOX 45  
TATURA, VIC. 3616



## Membership Application

Return application form to [secretary@warangaboatclub.com.au](mailto:secretary@warangaboatclub.com.au)

Upon receipt of your application a formal interview will be arranged by our Secretary.

If your membership is successful an Invoice will be email for EFT payment.

Upon receipt of payment gate access FOB(S) and key(s) will be available to you for collection from property manager.

I, \_\_\_\_\_ (Date of Birth) \_\_\_\_\_  
..... (given name and surname)

and the following members of my family:

Spouse/Partner \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

Children Under 18 years: 1. \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

2. \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

3. \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

Wish to become a \_\_\_\_\_ member of Waranga Boat Club Inc.

(state Category/Type of Membership ie: Premium, Local/ Family, Single, Intermediate, Senior)

My full residential address is: \_\_\_\_\_

My postal address is (if different) \_\_\_\_\_

My Email address is \_\_\_\_\_

Telephone: (Mobile) \_\_\_\_\_ (Other) \_\_\_\_\_

Watercraft: Type \_\_\_\_\_ (Yacht/Boat/Jet ski type)

Make: \_\_\_\_\_ Insurer: \_\_\_\_\_

Sail or Reg. No. \_\_\_\_\_ Trailer Reg. No. \_\_\_\_\_

***Upon my/our signing below I/we confirm that I/we have read, understood and agree to be bound by the Club Rules, By-Laws and Code of Conduct and agree to pay our annual fees by 1<sup>st</sup> October each year.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature/s of Applicant/s)

### OFFICE USE ONLY:

Interviewed by \_\_\_\_\_ Date: \_\_\_\_\_

Decision of Committee \_\_\_\_\_ Date: \_\_\_\_\_

Entered on Data base Date: \_\_\_\_\_ FOB(S) / Key Issued Date: \_\_\_\_\_