

APPLICATION FOR MEMBERSHIP

Please forward your cheque, payable to Sabre Sailing Association of SA Inc and completed application form to :

The Secretary, Sabre Sailing Assoc of SA Inc, - Bill Tucker, 7 Glencoe Rd, Reynella East 5161

PERSONAL DATA

Please print

NAME:

ADDRESS:

SUBURB: POST CODE

TELEPHONE No: Home Work

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

SAILING CLUB:.....

SIGNED:

BOAT DETAILS

BOAT/SAIL No: BOAT NAME

CURRENT MEASUREMENT CERTIFICATE: YES / NO (CIRCLE APPROPRIATE ANSWER)

If you have recently purchased your Sabre, please supply name and address of previous owner:

NAME

ADDRESS

MEMBERSHIP DETAILS

JUNIOR:	Under 18	\$17	Age at 1st May
SENIOR:	18-39	\$25	Season
MASTER:	40-49	\$25	runs
GRAND MASTER:	50 – 59	\$25	from
VETERAN:	60 - 69	\$25	1st May to
GRAND VETERAN	70 +	\$25	30th April

FAMILY: \$30
Boat Numbers (1)..... (2)..... (3).....

Names of family members and birth dates of children

Christian Name	Date of Birth	Christian Name	Date of Birth
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Office use

(Return to Secretary for filing)

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

Membership: Season Sticker Boat Register