



ROCKY BAY MEMORIAL CRUISING CLUB INC

www.rockybaycruisingclub.co.nz

9 Pohutukawa Ave
Rocky Bay
Waiheke Island, 1081

APPLICATION FOR MEMBERSHIP

NAME: _____

WAIHEKE ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NOS: _____

OCCUPATION: (Requirement of Inc Society) _____

NAME OF BOAT _____ TYPE _____

I hereby apply for and include payment for family/single membership of the Rocky Bay Memorial Cruising Club Inc and, if accepted agree to abide by the Rules of the Club.

SIGNATURE: _____ DATE: _____

NOMINATED BY:

NAME: _____ SIGNATURE _____

SECONDED BY:

NAME: _____ SIGNATURE: _____

COMMITTEE APPROVAL: YES/NO _____ DATE: _____

COMMODORE: _____

SECRETARY: _____

To comply with the Privacy Act 1993, the above information will be held by the Secretary and will only be used for the purposes of mailing newsletters and other matters pertaining to the Club. This information will not be given to any other agency, unless required by law, and will not be provided without the personal consent of the individual concerned. Also, under no circumstances whatsoever will names and addresses be "on sold" to any agency.

**BANK ACCOUNT DETAILS – ASB WAIHEKE ISLAND 12-3114-0065789-00
FOR OFFICE USE ONLY**

- APPLICATION FEE (\$25.00) RECEIVED
- ANNUAL SUB (\$35.00 FAMILY, \$30.00 SINGLE) RECEIVED
- MEMBERSHIP CARD SENT
- LETTER OF ACCEPTANCE SENT
- NAME ENTERED ON RECORD AND DETAILS GIVEN TO SECRETARY