MEMBERSHIP RENEWAL





I hereby apply to renew my membership of Sailability NSW Inc and its Manly Branch. I agree to be bound by the rules of Sailability NSW Inc and its above Branch for the time being in force and agree to abide by all decisions by a Committee Member with regard to activities at a Sailability event. My relevant personal details, which I understand are necessary to complete the membership database, are:

refevant personal details, wille	u				прісіс	the membership database, are.	
Family Name:				Given Name:			
Address:				•			
Home Phone:				Mobile Phone:			
Email:						Date of Birth:	
Γ							
My next of kin:			Relationship to me:				
Address:							
Home Phone:		Work phone:		1		Mobile Phone:	
I understand that the following personal information is optional but will assist Sailability NSW and its above Branch with organisation of events and future development planning:							
I have a disability: YES/NO Type of disability:							
I need assistance: YES / NO Type of assistance:							
I have a family member / friend / carer to help YES / NO			o me: I use a wheelchair:				
I have sailed before: YES / NO Details:							
	•						
I would like to be involved in the Branch Committee: YES/NO			My relevant skills are:				
I would like to be a Volunteer on sailing days: YES/NO				My relevant skills are:			
I have a boat drivers' licence: YE	S/NC	/NO Expiry Date:			I have a First Aid certificate: YES / NO		
I heard about Sailability from:							
Individual Membership of Saila	ability	Manly (to 1s	st Ju	ily 2025) \$	30.00		
Family Membership of Sailabil (Please complete a separate	•	• `		,	45.00		
Signature:						Date:	
Please email completed forms to: membership@manlysailability.com.au				Method of payment: indicate which one Direct transfer: (BSB: 112 879 A/C:162 268 309)			

Date of transfer:

Cash:

Cheque:

cc: treasurer@manlysailability.com.au