

Port Dalrymple Yacht Club MEMBERSHIP NOMINATION FORM

Discover Sailing Centre Member of Yachting Tasmania

Kemps Parade, P.O. Box 361, Beauty Point, Tasmania. 7270

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Date	
The Secretary, Dear Sir/Madam, We the undersigned financial members, hereby	nominate: Mr / Mrs / Miss
(Surname)	
(Christian Names)	
as a *	Member of the Club
* Type of Membership	D.O.B//
Current Full Member Nominees:	(Required for all New Members)
1. Print Name	Signature
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	of the above Club. I agree to observe and abide by the tions of the Club at all times.
Signature	Phone (Home)
(Business)	(Mobile)
Email	
Postal Address (Street)	
(Suburb/Town)	
Postcode	
Occupation	Are you a boat owner?
Type and size of craft	
Boat Name	
Do you require a Mooring?	you require a Dinghy Bay? Y□ □ N
Do you require a Trailer Sailer Parking Space?	\square Y \square N
If so please indicate size of hoat/trailer	