



NEW ORDINARY MEMBER APPLICATION
Annual Membership Fee: \$10.00 (inc GST)

Please complete the applicant details below and forward to sailability.adm@gmail.com

Applicant Details:

Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Signature:

Date:

Public Insurance Declaration: Sailability Cairns is insured for Public Liability cover on a shared insurance policy with Sailability Queensland for up to \$20,000,000 in any one event.

Proposed by:

I _____, existing member of Sailability Cairns Inc. propose that the undersigned applicant be enrolled as an ordinary member of Sailability Cairns Inc.

I acknowledge that this membership provides them with the right to vote at general meetings of the association and to be nominated for a position on the management committee under the rules of association.

Signature:

Date:

Seconded by:

Name:

Signature:

Date:

Office Use Only