



MARINE RESCUE PORT KEMBLA
 ABN 98 138 078 092-033

ASSOCIATE (EAGLE) MEMBERSHIP APPLICATION

Instructions:

- Please complete the following application form – print clearly using a blue or black pen.
- Return the completed form to a Marine Rescue Base or post to:

Marine Rescue Port Kembla Administration Centre- P.O. BOX 145 PORT KEMBLA NSW 2505

PERSONAL DETAILS:

SURNAME: GIVEN NAME:

ADDRESS: TOWN: P/CODE:.....

DATE OF BIRTH.....

HOME PHONE: (....) MOBILE:..... WORK PH.(....).....

EMAIL ADDRESS:

VESSEL DETAILS:

Vessel Name:..... Vessel Make/Model

Registration No: Length: Metres Deck Colour:

Hull Colour:..... Motors: Primary:HP Auxiliary: HP

Hull Type: Please circle the appropriate classification

- | | |
|---|-----------------------|
| <MC> Motor Cruiser (Vessels 6 M. and over in Length) | <CAT> Catamaran |
| <CR> Cabin Runabout (Cabin launches under 6 M. in length) | <CCON> centre Console |
| <OR> Open Runabout (Open launches under 6 M. in length) | <YT> Yacht |
| Other type not listed: | (specify). |

Construction (circle one)

- <Aluminium> <Fibreglass> <Steel> <Wood>

Safety Equipment fitted: (Circle appropriate response)

- <GPS> <EPIRB> Other:
- Radios: <27 MHz> <VHF> <UHF> <MF/HF>

VEHICLE DETAILS

1ST Car: Make: Colour: Rego. No.

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TRAILER DETAILS: Rego. No:

MOORING DETAILS: Location: Mooring No.....

I enclose \$30.00 (including GST) being for annual membership.

SIGNATURE OF APPLICANT: **DATE:**.....

OFFICE USE ONLY (Card).....(Eagle Pack).....(Computer Entry).....

ENS NUMBER.....RECEIPT NUMBER.....