



MEMBERSHIP APPLICATION

Name

Address

Contact Numbers

Home:

Mobile:

Email

Please provide Emergency Contact Number

If you wish to operate any Night Eyes equipment.

License Number:

Expiry Date:

If you wish to be part of the boat operation please indicate suitable day(s)

M T W T F Any

(Please circle)

Do you have any medical conditions we should be aware of?

Yes No

(Please circle)

If yes please give details

Do you agree to the use of any photos of yourself for use in promotional material?

Yes No

(Please circle)

Your signature signifies your agreement to all operational conditions and rules of the association as imposed from time to time.

Signature:

Date: / /20

Amount enclosed \$20 Membership per year.

\$

Office Use Only

Date Received / / 2 Receipt Number

Membership Approved Y / N



Proudly supported by
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Environment Levy