



Hidden Harbour Motor Yacht Squadron Inc.
PO Box 221
Sandringham. Vic 3192

APPLICATION FORM

I, _____
(FULL NAME OF APPLICANT)

of _____ Postcode _____
(ADDRESS)

(OCCUPATION)

Telephone _____ (Bus) _____ (Home) _____ (Mobile)

desire to become a Boat Member.

Spouse/Partner _____

Children _____

In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

Signature of Applicant _____

Date _____

I, _____ a member of the Association, nominate the applicant for membership of the Association.

Signature of Proposer _____

Date _____

I, _____ a member of the Association, second the nomination of the applicant, for membership of the Association.

Signature of Seconder _____

Date _____

A completed Vessel Registration Form must accompany applications for Boat Membership.