



Broome Sailing Club

Membership Nomination Form 2017

Form to be completed for every Applicant and forwarded to the BSC Registrar

Membership Type?	
Family Name	Occupation
Given Names	
Postal Address	Street Address
Date of Birth	Age
Sex	eMail Address
Phone, Business Hours	Phone, After Hours
Mobile Phone	Membership Type
Boat Make & Model (if applicable)	Sail Number (if applicable)
Applicant's Signature	Date

PTO

The following is only applicable to Family Memberships

2/	Family Name	Given Name
	Date Of Birth	Sex
3/	Family Name	Given Name
	Date Of Birth	Sex
4/	Family Name	Given Name
	Date Of Birth	Sex

The following is only applicable to New Members

Proposer's Name	Signature
Date	
Secunder's Names	Signature
Date	

Below for Official Use only

Accepted/Rejected?	Date
Allocated Membership Number	
Signature	Position