

BOAT OWNER INFORMATION (IF APPLICABLE)			
Boat Name:		Name on boat - Yes / No <input type="checkbox"/>	
Design Type:	Length:	Colour:	
Usual Location:	Weight:	Trailer Reg.:	
<b>Health &amp; Safety - :</b> <i>tick which applies</i>			
Number of Life Jackets on board: <i>Note correctly fitted life jackets are compulsory for everyone on board</i>		Flares <input type="checkbox"/> First Aid Kit <input type="checkbox"/> EPIRS <input type="checkbox"/>	Coast Guard Member <input type="checkbox"/>
Communications      VHF <input type="checkbox"/> CB <input type="checkbox"/>	Cellphone <input type="checkbox"/> Cell No:	Call Sign:	

**Office Only –**

Amount Paid \$\_\_\_\_\_

Date Paid \_\_\_\_\_

Card Number Allocated: \_\_\_\_\_

Sent New Membership Pack: \_\_\_\_\_

Nomination Fee:		\$75.00
PLUS:		
Individual	<input type="checkbox"/>	\$110.00
Associate	<input type="checkbox"/>	\$65.00

70 Duck Creek Road, Stillwater, Auckland, New Zealand 0993. Phone: 09 428 2185, email: [secretary@swbc.co.nz](mailto:secretary@swbc.co.nz)