



Stillwater Boating Club Incorporated

Individual/Associate Membership Renewal

(1 July 2025-30 June 2026)

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

Please complete the following details, in Capitals & in full, and return to the Boat Club or email to secretary@swbc.co.nz
Your new season car park sticker(s) will be sent when we receive this. (Keep your receipt as proof in the meantime)

Individual Membership \$110 Full membership: Individual has voting rights. May hold committee position
Family are welcome as guests (subject to club rules) but are not included in Individual Membership

Associate Membership \$65 Limited membership: Social membership only – no voting rights, no committee rights
Individual only – no right to bring guests
Use of clubrooms / bar only – no boating facilities

Family Name: _____ First Name: _____

Address: _____ Home Ph: _____

_____ Mobile Ph: _____

Profession/Trade: _____ Membership No:

Email:

Email is our preferred method of communication now that postal services are diminishing, however for those that do not use this at all, we will still post out necessary information. The quickest and easiest access to the latest information, forms, fees, events and notifications, is on our website www.swbc.co.nz

As we are a club focused on boating, we need to keep an accurate record of the vessels our club members use. This information will be kept confidential apart from instances of safety and welfare, and planning member events.

BOAT OWNER INFORMATION (IF APPLICABLE)

Boat Name:		Name on boat - Yes / No <input type="checkbox"/>	
Design Type:	Length:	Colour:	
Usual Location:	Weight:	Trailer Reg.:	
Health & Safety - : tick which applies			
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 \$_____ eftpos / cash/ internet: ASB 12-3046-0163618-00

Date Paid _____ Where Paid _____ New Card required -

Sent Sticker _____