

Cancel	<input type="checkbox"/>
New	<input type="checkbox"/>
Change	<input type="checkbox"/>

Application for Membership

Personal Details

First Name	
Surname	
Initials	
Phone	
Mobile	
Work	

Address	
Town/City	
Postcode	
E-mail	
Trailer Reg.	
Car Reg.	

Boat Details

Name	
Make	
Model	
Size	
Boat Type	
Material	
Hull Colour	
Top Colour	
Aux HP	
Motor	
Motor HP	
Propulsion	
Fuel Type	
Call Sign	

Equipment	Quantity
Anchor Rope	
Bucket/Bailer	
Compass	
Depth Sounder	
EPIRB	
Fire Extinguisher	
Flares Hand	
Flares Parachute	
GPS	
Life Jacket	
Life Raft	
Radar	
Smoke Signals	
Torch/Spotlight	
VHF Radio	

Contact Details When Overdue

Name		Address	
Phone			
Work			
Mobile		Town/City	

Coastguard Joining Fees

Please Tick ✓

<input type="checkbox"/>	Ordinary Membership	\$ 55.00
<input type="checkbox"/>	Associate Membership	\$ 20.00
<input type="checkbox"/>	Enclose Payment of	

For Office use only

Member pack

Computer file

I agree to abide by the rules of the Association as per constitution, a copy of which is Held by the secretary

Signed

Date

**Please fully complete this form and forward with your payment to: Coastguard Whakatane
P O Box 168 Whakatane 3158 or take in to Coastguard Head Quarters.**