

Applicants Details*(Tick box)*New Application Change Cancel

First Names: _____ Surname: _____

Address: _____ Town/City: _____

Home Ph: _____ Bus Ph _____ Mobile: _____

Email Address: _____ Vehicle Reg: _____

Boat Details*(Circle applicable option)*

Name: _____ Make: _____ Model: _____

Length: _____ (feet/meters) Type: (launch/trailer boat/Dinghy/Yacht) Material: (Aluminium/Fibreglass/Cement/Steel/Wood)

Top Colour: _____ Hull Colour: _____

Propulsion*(Circle any that apply)*

Type: (Sail/Motor/Both) Motor Type: (Inboard/Outboard/2stroke/4stroke/Petrol/Diesel) Main Motor Make: _____

Main Motor Model: _____ Main Motor HP: _____ Aux (If any) HP: _____

Equipment and Radio*(Circle any items carried)*Smoke signals/Compass/Anchor & rope/Tow line/Hand flares/Parachute flares/GPS/Depth Sounder/Fire Extinguisher/Radar/
Torch or Spotlight/Life Jackets/Bucket or Bailer/EPIRB 406/EPIRB 121.5/

Radio Make: _____ (VHF/CB/SSB) Call sign: _____

Contact Details when overdue

First Name: _____ Surname: _____

Address: _____ Town/City: _____

Home Ph: _____ Bus Ph: _____ Mobile: _____

Membership Fees*(Tick as applicable)*Ordinary Membership \$60 Associate Membership \$20 Callsign Fee \$30

Total Fees: \$ _____ (Please enclose payment for total amount)

<i>For Office use:</i>	
Member pack	_____
Boat Board	_____
Computer File	_____

I agree to abide by the rules of the Coastguard Association and abide by the constitution. (Copy held by the Secretary)

Signed: _____ Date: _____

**Please fully complete this form and forward with your payment to: Whakatane Coastguard,
P.O. Box 168, Whakatane or take in into the Coastguard HQ.**