



.....it's on your doorstep!



10 Sandpiper Crescent, Table View, 7441  
PH: 021 557 7090

**Email:** [mac@milnertonaquaticclub.co.za](mailto:mac@milnertonaquaticclub.co.za)  
**Website:** [www.milnertonaquaticclub.co.za](http://www.milnertonaquaticclub.co.za)

# APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE IN FULL AND IN BLOCK LETTERS

<b>TYPE</b>

**First Name**.....**Surname**.....

**Initials**.....**ID#**.....**Cell #**.....

**Profession or Occupation**.....

**Name of Spouse**.....**Cell # (of spouse)** .....

**Name and date of birth of children**.....

- ◇ Are you a Member of Any Other clubs? **Yes/No**  
If yes state club/s.....
- ◇ Have you been refused membership at any other club? **Yes/No**
- ◇ If a member of another boating club and a sailing/boardsailing member, do you pay the South African Sailing levy @ the other club? **Yes/No**  
(If yes, please show proof of payment)
- ◇ Has the applicant ever been a member of the Milnerton Aquatic Club previously? **Yes/No**  
(If yes, please give particulars MAC# etc.).....
- ◇ Has applicant been requested to resign from the Milnerton Aquatic Club or any other club, or been rejected from any other club, or name ever been withdrawn prior to ballot? **Yes/No**
- ◇ If so please state the circumstances and the name of the club.....

Enclose herewith please two I.D. size photo of each person i.e. self, spouse and children between the ages of 10 and 21 for your membership cards. These photos can also be emailed to us.

Residential address.....

.....Code.....

Home Phone.....Email.....

Business Address.....

.....Code.....

Work Phone.....Postal Address.....

**OFFICE USE ONLY:**

**MEMBER#:**

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<input type="checkbox"/> PD CASH	<input type="checkbox"/> MEM CARD	<input type="checkbox"/> CONT. KEY	<input type="checkbox"/> SAGE
<input type="checkbox"/> PD CR CARD	<input type="checkbox"/> CAR STICKER(S)	<input type="checkbox"/> SKIPPERS/COF	<input type="checkbox"/> W/APP GROUP
<input type="checkbox"/> PD EFT	<input type="checkbox"/> KEY	<input type="checkbox"/> GSM	<input type="checkbox"/> FILE

**MEMBERSHIP CATEGORY REQUESTED (mark with an X)**

**ORDINARY**   **FAMILY**   **ASSOCIATE**   **ABSENTEE**   **COUNTRY**   **STUDENT**   **JUNIOR**   **VISITING**

**SIGNATURE OF APPLICANT**.....**DATE**.....

**DECLARATION BY PROPOSER AND SECONDER**

We, the proposer and seconder of the above applicant, declare that he/she has been personally known to us socially for.....years and .....years respectfully, and in our opinion he/she is a fit and proper person to become a member of the Milnerton Aquatic Club.

Signature of Proposer.....Date.....

Name in Block Letters.....MAC#.....

Signature of Seconder.....Date.....

Name in Block Letters.....MAC#.....

**SECTION THAT YOU WISH TO JOIN (please supply information)**

**POWER ( Limit 18 ft. )**

**SAIL**

**WINDSURFING**

MAKE:.....

CLASS:.....

MAKE:.....

LENGTH:.....HP:.....

SAIL No:.....

TYPE:.....

DTC/ZA Number.....

**Voluntary assistance that you are prepared to give to the club**

.....

**FEES PAYABLE [FINANCIAL YEAR: 1<sup>ST</sup> JUNE - 31<sup>ST</sup> MAY]**

**ENTRANCE:** R.....**SUBSCRIPTION:** R.....**S.A.S LEVY:** R.....

**KEY LEVY:** R.....**TAG:** R.....**TOTAL:** R.....

**BANKING DETAILS:**

**Milnerton Aquatic Club, Standard Bank, Bayside Code: 022209, Acc: 27 222 2372**

**INDEMNITY**

I the undersigned hereby confirm that a copy of the constitution and rules of the club have been handed to me. I accept full responsibility for myself and any other person(s) whom I bring onto the premises of the Milnerton Aquatic Club and will adhere to the conditions and regulations which I have read and understand. I accept the authority of the officials of the club. I also accept that any infringement of the conditions and regulations may lead to a disciplinary hearing and possible eviction and/ or to prosecution. I also accept that I and any other person/s accompanying me on the premises or the water do so at our own risk and indemnify the Milnerton Aquatic Club, its servants and employees against any claim which may arise to Damage, Loss, Injury, or Death.

**Signature of Applicant**.....**Date**.....