

VOLUNTEER MEMBERSHIP APPLICATIONSAILABILITY NSW INC. AND ITS TORONTO BRANCH

I hereby apply to become a member of Sailability NSW Inc and its Toronto Branch. I agree to be bound by the rules of Sailability NSW Inc and its Toronto Branch for the time being in force and agree to abide by all decisions by a Committee member with regard to activities at a Sailability event.

Committee member with regard to activities at a S			
Family Name: Address:	Given Name:		
Home Phone:	M.I.II. Dl		
Email:	Date of Birth:	Mobile Phone:	
Eman. Date of Birtii.			
My Next of Kin: Relationship to me:			
Address:			
Home Ph: Work P.	h· N	Mobile Ph:	
Tione III.	11	100110 1 11.	
I wish to be rostered as a Volunteer Yes Any information you can provide to assist with o	/ No our planning and roster:		
I understand that providing the additional information requested below is optional but will assist Sailability NSW and its Toronto Branch with organisation of events and future development planning:			
I have a motor boat licence: Yes / No	d future development planning:		
W	orking with Children Check: Yes /	No Number -	
I have a first aid certificate: Yes / No	ave a first aid certificate: Yes / No Working with Children Check. Yes / No		
I have sailing experience: Yes / No			
The saming emperiors and the			
I would like to attend on:	rsdays 🗖 Saturdays 🗖 🛮 F	rom 9.00am	
Fees: Volunteer: \$20,			
Note that this fee includes \$5 for membership of Sailability NSW Inc.			
Total Fee Due: (to 30th June 202-) - \$			
I agree to have my details included in internally published reference documents and those required by Sailability NSW (e.g. address, phone no., skills, etc.)			
Any photos in which I appear at Sailability activi	• 1		
internally by Sailability or used in their promotion	onal material		
Signature:(Print)	(Signature)	Date:	
Volunteers, please return your signed Membership	and Indemnity form to the Memb	ership Secretary –	
sailabilitytorontosecretary@gmail.com or hand in	•	1	
	on a saming day.		
Indicate your payment method;			
a) cash □or cheque (to 'Sailability Toronto') □ to the Shore Co-ordinator during a sailing day, or			
b) Direct deposit ☐ (include payer's name) to: BSB: 650300 Account No.: 501563805 Account Name: Sailability Toronto			
Office Use Only - Forward the comple	ed;	•	
Payment if submitted with these forms: Cash □ or Cheque □ \$ Receipt No.			
The Membership Secretary can be contacted at	sailabilitytorontosecretary@gma	ıil.com	