

# BRISBANE 18FT SAILING CLUB

## VOLUNTEER REGISTRATION

FULL NAME.....

ADDRESS .....

DATE OF BIRTH..... / /

HOME TELEPHONE.....

MOBILE NUMBER.....

EMAIL ADDRESS.....

NEXT OF KIN / EMERGENCY CONTACT.....

MEDICAL ISSUES WHICH MAY EFFECT YOUR CREWING ON A PATROL BOAT.....

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BOATING BACKGROUND.....

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DO YOU HOLD THE FOLLOWING.

.MARINE BOATING LICENCE.....

.RADIO LICENCE.....DATE OF ISSUE.....

.FIRST AID CERTIFICATE..... DATE OF EXPIRY.....

.SAFETY BOAT ENDORSEMENT CERTIFICATE.....DATE OF ISSUE.....

.YACHTING AUSTRALIA MEMBERSHIP NUMBER.....