

DARLINGFORD WATERS MARINA PTY LTD

APPLICATION FOR **FULL** / **SOCIAL** MEMBERSHIP (please circle) TO BE COMPLETED BY PURCHASER OF SHARES

ddress: mail:			ll name:		
maile				Post Code:	
IIaII.			HM/Bus	Phone:	
hone: Mobile 1		Phone: Mo	bile 2		
Applicants Occupation*		Partners Oc	cupation*		
*if reti	ired, we'd love to	hear what your past occupati	on was, ar	nd/or your skill	set
Date of Birth:		Date of Birt	h:		
lace of Birth:		Place of Bir	th:		
oat Driving / Operation E	xperience: Y/N	N License No(s):		
Name of Houseboat:		Registration	ı No:		
Insurance Company:		Policy No:			
xpiry Date:					
ther Craft					
ype:		Registration	ı No:		
posed by		oat Signe	d	Dated	b
	11			D - 1 -	_1
onded by	Houseb	oat Signe	b	Date	d
derstand that my application	is subject to the ap	pproval of the Board. Tagree to and read. Tagree to pay my fees	abide by the	e Rules and Regu	
derstand that my application	is subject to the ap ch I have received a	pproval of the Board. I agree to and read. I agree to pay my fees	abide by the on time, ar	e Rules and Regu	
derstand that my application in time to time, a copy of which	is subject to the ap ch I have received a	pproval of the Board. I agree to and read. I agree to pay my fees	abide by the	e Rules and Regulated as agreed.	ılations as published