

New Member Application Form



Full Name:

Date of Birth:

Home Address:

Postal Address:

Email:

Phone:

Member Gosford RSL? Yes No

Member #

Emergency Contact Person:

Emergency Contact #

Relationship of emergency contact person:

Declaration Confirmation:

I hereby apply to become a member of CoastAbility Limited. In the event of Admission as a member, I agree to be bound by the rules of the Association and any subsequent amendments thereof.

Your Full Name:

Date:

Nomination #1 – I nominate the applicant who is personally known to me for membership of the association.

Your Full Name:

Date:

Nomination #2 – I nominate the applicant who is personally known to me for membership of the association.

Your Full Name:

Date:

Social Media Consent

I consent to my image/voice and activity undertaken being used on CoastAbility website, print media and/or social media sites (Facebook, Instagram, YouTube, Twitter) on behalf of CoastAbility and for no other purpose. *

Yes No

I agree to be contacted should CoastAbility be approached about any additional media use requests so that further consent may be given in respect thereto.

Yes No

Please confirm where multimedia can be used:

In Perpetuity Only Once

Fee Paid: Yes No

Fee paid via:

In Person

Direct Deposit

Cheque / Money Order

I am going to pay my fees via:

In Person

Direct Deposit - BSB: 650-000 Account # 529481502

Cheque / Money Order

CoastAbility

PO Box 6161, West Gosford NSW 2250