



KENTISH AQUATIC CLUB Inc.

P.O. Box 404, Launceston 7250

www.kentishaquaticclub.org.au

MEMBERSHIP NOMINATION FORM

I, _____ Signature: _____
(name of current full member)

Hereby nominate NAME _____
ADDRESS _____

(Postcode) _____
PHONE _____
E-mail: _____

FOR: (please cross in box)

FULL MEMBERSHIP:

(PERSONS 18 YEARS AND OVER)

FAMILY MEMBERSHIP:

(UP TO 2 FULL MEMBERS AND TO INCLUDE
INCLUDE CHILDREN UP TO THE AGE OF 21)

**FOR FAMILY MEMBERSHIP PLEASE
INSERT OTHER NAMES HERE**

JUNIOR MEMBERSHIP:

(FOR PERSONS UP TO THE AGE OF 21}

ASSOCIATE MEMBERSHIP:

(NON PARTICIPANTS OF WATER SPORTS)

Nomination fee is \$300 for full membership, \$500 for family membership. \$150 for full membership for a partner of an existing member.

KAC direct debit account details:

NAB

BSB: 087600

ACC: 0363 48586

ENCLOSED IS NOMINATION FEE OF \$ _____

NOMINATION FEE OF \$ _____ HAS BEEN PAID BY DIRECT DEBIT

“Upon acceptance of my nomination I hereby agree to abide by the Association’s Rules and By-Laws”

(Signature)