



KENTISH AQUATIC CLUB Inc.

P.O. Box 404, Launceston 7250

kentishaquaticclub.secretary@gmail.com

www.kentishaquaticclub.org.au

MEMBERSHIP NOMINATION FORM

I, _____ Signature: _____ Date _____
(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**

Second Adult member: _____

Children (please state ages) _____

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 confirm I have read the Kentish Aquatic Club constitution and by-laws and hereby agree to abide by these rules”

(Signature and date)