



Stillwater Boating Club Incorporated

Membership **Renewal** (1 July 2024-30 June 2025)

70 Duck Creek Road, Stillwater
Auckland, New Zealand 0993
Phone: 09 428 2185
email: admin@swbc.co.nz

Please complete the following details, in full, and return to the Boat Club or email to admin@swbc.co.nz . Your new card will be issued when this is received. (Keep your receipt as proof in the meantime)

Family Membership	\$140 <input type="text"/>	Full membership:	Spouses each have voting rights. One spouse may hold committee position Families should live at same address Children over 18 are welcome as guests (subject to club rules) but are not included in Family Membership (membership includes under 18s)
Individual Membership	\$110 <input type="text"/>	Full membership:	Individual has voting rights. May hold committee position Family are welcome as guests (subject to club rules) but are not included in Individual Membership
Associate Membership	\$65 <input type="text"/>	Limited membership:	Social membership only – no voting rights, no committee rights Individual only – no right to bring guests Use of clubrooms / bar only – no boating facilities

Family Name	_____	First Name/s	_____
Address	_____	Dependants	_____
	_____	Home Ph	_____
Profession / Trade	_____	Mobile Ph	_____
Email please	_____	Card No	<input type="text"/>

Email is our preferred method of communication now that postal services are diminishing, however for those that do not use this at all, we will still post out necessary information. The quickest and easiest access to the latest information, forms, fees, events and notifications, is on our website www.swbc.co.nz

Office to complete –

Amount Paid \$ _____ eftpos / cash/ internet: ASB 12-3046-0163618-00

Date Paid _____ Where Paid _____ New Card required - Sent _____

As we are a club focused on boating, we need to keep an accurate record of the vessels our club members use. This information will be kept confidential apart from instances of safety and welfare, and planning member events.

BOAT OWNER INFORMATION (IF APPLICABLE)			
Boat Name:			Name on boat - Yes / No <input type="checkbox"/>
Design Type:	Length:	Colour:	
Usual Location:	Trailer Reg.:		
Health & Safety - : tick which applies			
Number of Life Jackets on board: <i>Note correctly fitted life jackets are compulsory for everyone on board</i>	Flares <input type="checkbox"/>	First Aid Kit <input type="checkbox"/>	EPIRS <input type="checkbox"/>
			Coast Guard Member <input type="checkbox"/>
Communications	VHF <input type="checkbox"/>	CB <input type="checkbox"/>	Cellphone <input type="checkbox"/> Cell No: _____
			Call Sign: _____