



MEMBERSHIP RENEWALS/CHANGE OF DETAILS/MOTO PAYMENTS

(To be used for telephone, in person, ALL renewals/changes)

FIRST NAME: _____ SURNAME: _____

MEMBER No: _____ SOS: ORDINARY: MEMBER NO BOAT : WORKING:

ALTERATIONS &/OR CORRECTIONS:

DATE: _____

ADDRESS: _____

PHONE No: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT DETAILS: _____

VESSEL DETAILS:

VESSEL NAME: _____ REGO: _____

VESSEL TYPE: _____

HULL COLOUR: _____ VESSEL LENGTH: _____ MAKE: _____

ENGINE (INBOARD/OUTBOARD): _____ HP: _____

TRAILER REGISTRATION: _____

RADIO: VHF _____ 27 MHz _____ OTHER _____

OFFICE USE:

MEMBERSHIP DATA ENTERED: _____ (Please initial & date)

DATA ENTRY CHECKED: _____ (Please initial & date)

PAYMENT RECEIVED: \$ _____ RECEIPT No: _____ (If applicable)



PAYMENT DETAILS (Please shred this section after processing)

Name on Credit Card: _____

Credit Card No: _____

Expiry Date: _____ CCV: _____

Amount: \$ _____ Receipt No: _____

