

APPLICATION FOR SUPPORTER'S MEMBERSHIP

Name: First Names:

Address:
.....

Contact Numbers: Home Work Mobile Email.....

Occupation:.....

Date of Birth:.....
Details Optional

Membership Fee: \$ 20.00 p.a. (minimum)

Boat Owner: Yes / No

Make, Model & Size:

Boat Name:

Hull Colour:

Cabin Colour:

VHF Call Sign:

Engine(s): Make(s) & Hp:

Usual Tow Vehicle & Rego No:.....

Trailer Rego No:

Equipment Carried:

- | | | | | | | |
|--------------------------------|--------------------------------------|-------------------------------|-------------------------------------|--|---------------------------------------|--|
| GPS <input type="checkbox"/> | Radar <input type="checkbox"/> | VHF <input type="checkbox"/> | Cell Phone <input type="checkbox"/> | Flares <input type="checkbox"/> | Life Jackets <input type="checkbox"/> | Anchor, Chain, Warp <input type="checkbox"/> |
| Epirb <input type="checkbox"/> | Wet Wx Gear <input type="checkbox"/> | Food <input type="checkbox"/> | Torch <input type="checkbox"/> | First Aid Kit <input type="checkbox"/> | Bailer <input type="checkbox"/> | Auxiliary Power <input type="checkbox"/> |

Would you be interested in any of the following - locally run Coastguard courses:

- Day Skipper Boat Master VHF Cert

Please tick where applicable

Pursuant to the provisions of the Privacy Act 1993, the above personal information will only be used by Coastguard Kaikoura Inc. in relation to your application for membership.

Please complete and return to: The Secretary, Coastguard Kaikoura Inc, PO Box 71, Kaikoura 7340.

Date

Signature

Please return with 2 photographs, (if possible), 1 in and 1 out of the water
Digital photos can be sent via e-mail to - kaikouracoastguard@xtra.co.nz