



MEMBERSHIP APPLICATION

Please complete and return

By Email: kathy.wvcg@gmail.com

Or send to: The Treasurer
Whangamata Coastguard
PO Box 11
Whangamata

Details:

Name:

Home Address:

Street:
City:
Suburb:
Postcode:
Home Ph.:

Holiday Address:

Street:
City:
Suburb:
Postcode:
Mobile Ph:

I / we do hereby apply for membership of Whangamata Volunteer Coastguard Inc. and agree to abide by the rules of the Association.

Current Subscription \$ per annum

Email Address:

SIGNED: DATE:

EMERGENCY CONTACT INFORMATION

This information is used in the event of Coastguard needing to keep shore base people advised of your situation.

Name of person to contact:

Address:

Phone No: Mobile No:

Vessel Communications:

Vessel Name: VHF Radio Call Sign:

Mobile Phone:

Vessel Details:

Type of Vessel
 Trailered Launch If Trailered – Trailer Rego number:
 Sailing Vessel Make: Length:m /ft
 Jetski Hull Colour: Topside Colour:
 Motor: Inboard Outboard Make: H.P.....

Mooring Details:

Marina berth **Safety Equipment on board:**
 Swing EPIRB Compass GPS Flares Radar
 Pole Life Jackets Torch Nav.lights

Direct Credit: Westpac Ac.No. 03-1577-0007017-00. Please use Surname and Vessel name as Reference & Details.
 For Membership enquiries email : kathy.wvcg@gmail.com