



**MEMBERSHIP APPLICATION**

Please complete and return

By Email: [kathy.wvcg@gmail.com](mailto: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](mailto:kathy.wvcg@gmail.com)