



20011/2012 MEMBERSHIP FORM DUE

PLEASE FILL IN ALL REQUIRED INFORMATION

MEMBERS NAME: _____ Membership no _____

ADDRESS: _____ P/CODE: _____

PH: _____ MOBILE: _____ EMAIL: _____

INSURANCE CO: _____ POLICY NO: _____ AYF NO: _____

MEASUREMENT CERT: N0: _____ MEMBER SIGNATURE _____

ALL THE ABOVE MUST BE COMPLETED.
CIRCLE AMOUNT APPLICABLE

FULL MEMBER.....\$100.00

ASSOCIATE MEMBER.....\$60.00

TOTAL PAID \$.....

PAY BY INTERNET TO AUSTRALIAN FORMULA 18 CATAMARAN ASS:

BSB NO: 012 289 ACCOUNT NO: 110145737

TRANSFER DATE.....

TRANSFER ACCOUNT NAME.....

BY CHEQUE TO AUSTRALIAN FORMULA 18 CATAMARAN ASSOCIATION.

PLEASE RETURN ALL FORMS ALONG WITH CHEQUES TO:

AUSTRALIAN FORMULA 18 CAT: ASS:
Attn. AUS F18 Treasurer
Unit 2/74 Gerard Street
Cremore NSW 2090