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Membership Application Form

Details: Name:			
Address:			
Email:			
Phone:			
Membership Options: Family Membership (includes 2 Single Membership (includes 1 a Family Association Membership Single Association Membership Membership Selection:	adult and 1 boat) (includes 2 adults a (includes 1 adult)		0 0
			
For Family Memberships please rec		•	
Name:	D.O.B://	Relationship:	
Payment Details:			
Mastercard Visa Ca	ash <u>Direct De</u>	posit* BSB: 633000 Account: 1	34817790
Name on Card:			
Card Number:			
Expiry Date:/ CVC:	Amount:	Signature:	
*For direct deposits, please reco	ord your first name	and last name as the reference	
I, the undersigned, would like to apply that my name & details be registered a as stated in the Bi-Laws as notified or li	s of the date below acco		