

Clevedon Cruising Club Inc.

PO Box 204 350, Highbrook, Auckland 2161

APPLICATION FOR ASSOCIATE MEMBERSHIP

Applicant's name.....Date.....

Full Address.....

Postal Address (if different).....

Phone No.s.....

E-Mail address.....

Vessel name.....

On signing this application I agree to abide by all rules and ettiquette of the Clevedon Cruising Club

Signature of Applicant.....

Please present associate membership fee of \$30.00 with this application