



Membership Details – Branch SAILABILITY PENRITH LAKES

To be completed by all persons wishing to apply to Sailability New South Wales Incorporated for membership. These details are necessary to complete the Sailability NSW membership Database

Family name: _____

Given Name: (all names of family members who are part of this membership)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____

Fax: _____ E-Mail : _____

Date of Birth: _____

NEXT OF KIN: Name _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Phone: Home: _____ Work: _____ Mobile: _____

If you have a disability the following questions are optional, but will assist Sailability NSW with future development planning and organisation of events. We request that all questions are completed.

Type of Disability: _____

Do you require assistance? Yes / No

If so, in what areas do you require help? _____

Do you have carer, member of your family or friend to help you? Yes / No

Do you use a wheelchair? Yes / No

Would you like to become involved in the Sailability Committee? Yes / No

Have you ever sailed before? Yes / No

If yes please give details _____

Where did you hear about Sailability? _____