Bribie Island Sailing Club Inc (BISC)

MEMBERSHIP FORM 2024-25

Applicant's Details: [please print]

Name:	
Address:	
	Postcode
D.O.B:	
Phone:	
Email:	
Next of Kin:	Relationship:
Phone:	
Details:	
Membership Type (Please Circle):	Individual Family (2 Adults 2 Children)
If Family Membership: Name of Fam	nily Member:
Are you a competent swimmer: Plea	ase circle: Yes or No
Do you have a current Qld boat licen	ice: Please circle: Yes or No
Do you hold a Blue Card: Please circl	e: Yes or No
Membership Payment: For fi \$120 Payable to BISC –cash, cheque Banking details (if paying online) BA BSB: 124390 Account Number: 220 Reference: (your name + BISC)	or on-line NK OF QUEENSLAND
Please sign	
Name:	_
Signature:	_
NB: Please read and sign the enclose	ed indemnity statement and return