



# Volunteer Marine Rescue Hervey Bay Inc.

PO Box 7120, Urangan, Qld. 4655

Base: Buccaneer Avenue, Urangan.

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## APPLICATION FOR MEMBERSHIP

**SURNAME:** ..... **GIVEN NAMES:** .....

**ADDRESS:** ..... **EMERGENCY CONTACT:** .....

..... **POST CODE:** ..... **PH. NO:** ..... **MOBILE:** .....

**ASSOCIATE MEMBER:** This membership application can only be in one name. If you desire a member of your family, residing at the above address to be an associate Member at no additional cost, please nominate hereunder:

..... *Please Note: Associate Members do not have voting rights.*

### BOAT AND MOTOR DETAILS:

**Name (if any)** ..... **Type (please circle):** Centre Console, Open, Half Cabin, Cabin Cruiser, Yacht

**Brand of Motor:** ..... **HP** ..... **Vessel Registered Number:** .....

**Length of Vessel:** ..... **Colour:** ..... **Aux Motor:** Yes / No **Trailer Reg. Number:** .....

### RADIO AND EPIRB DETAILS:

**Does your vessel have a radio? If so circle type:** H/F, VHF, 27MHz,

**Does your vessel have an EPIRB:** Yes / No (Please circle)

### OPTIONAL S.O.\$ EXTENSION:

I wish to pay an additional charge per annum in return for which I am entitled to two free tows or calls for assistance during the term of my membership year. (Refer conditions hereunder)

### CURRENCY OF MEMBERSHIP:

Our membership year commences on 1<sup>st</sup> April each year and closes 31<sup>st</sup> March; A reminder notice will be forwarded to you before expiry. **Your membership takes effect when your application is accepted by the Management Committee.**

**If accepted for membership, I agree to abide by the Constitution and By-laws of Volunteer Marine Rescue Hervey Bay Inc. and subject to the following conditions:**

1. Concessional towing rates applicable to members and the S.O.\$ extension are limited to the area of operation covered by VMR Hervey Bay.
2. The S.O.\$ optional extra is applicable only to recreational vessels used for private purposes and excludes all vessels being used commercially.

**Signature:** .....

**Date:** .....

**OFFICE USE ONLY:** M'ship No: ..... Receipt No: ..... Amount Paid: .....