



Sailors with disABILITIES

PO Box 2099
Strawberry Hills NSW 1420

Tel: 02 9437 1896

Fax: 02 9437 1897

Web: www.sailorswithdisabilities.com

Sailors with disABILITIES Incorporated
(Incorporated under the Associations Incorporation Act 1984)

2010 — Renewal of Membership

Your annual membership of *Sailors with disABILITIES* is now due. Please continue your support and enjoyment of the organisation by completing the details below. We ask that you fill out all details so that our membership database remains as up-to-date as possible, so we may keep you informed of all SwD events and sailing opportunities throughout the coming year.

I, _____
(name of member)

of _____
(address)

would like to renew my membership of *Sailors with disABILITIES* and enclose payment of \$50.00 (GST inclusive). Membership will be from 1st February, 2010 to 31st January, 2011.

[Thank you for your continued support](#)

Home Phone: _____ Work Phone: _____

Mobile : _____

Email: _____

I have read the Green Slip Policy printed on the back of this form.
I accept / do not accept the Green Slip Policy (cross out as applicable).

(signature of member)

(date)

Return to: Sailors with disABILITIES
PO Box 2099
Strawberry Hills, NSW 1420.

A receipt will be forwarded to you.

Payment : Cheque
Cash

made out to Sailors with disABILITIES

**Direct Debit
Account number**

**BSB 112 – 879
043 734 240**

Account name Sailors with disabilities

NOTE: Please ensure you include your name as part of the description.

To help SWD run more efficiently please complete and return this form.

I am interested in crewing for Sailors with disABILITIES in the following events

- | | |
|----------------------------|--------------------------|
| Kids Days - weekdays | <input type="checkbox"/> |
| Kids Days - weekends | <input type="checkbox"/> |
| Corporate Sails - weekdays | <input type="checkbox"/> |
| Northern Program | <input type="checkbox"/> |
| Twilight Races | <input type="checkbox"/> |
| Offshore Races | <input type="checkbox"/> |
| Deliveries | <input type="checkbox"/> |
| Small boat regattas | <input type="checkbox"/> |

Please provide a brief description of your sailing experience

I would like to help with the following activities

- | | |
|--------------------------------------|--------------------------|
| Boat maintenance | <input type="checkbox"/> |
| Organising special events | <input type="checkbox"/> |
| Recruiting sponsors | <input type="checkbox"/> |
| Media / Press releases | <input type="checkbox"/> |
| Website content | <input type="checkbox"/> |
| General administration | <input type="checkbox"/> |
| Organising social events for members | <input type="checkbox"/> |
| Computer maintenance | <input type="checkbox"/> |
| Recruiting members / crew | <input type="checkbox"/> |

Other ways I could help / skills I can offer are:
