Flying Fifteen International – Victoria Inc Season 2014-2015 Membership Application

Congratulations on choosing such a fantastic boat!

Buyout crew to receive emails at this address: _

The Committee of FFIV look forward to welcoming you as a member of the 2014-15 season and hope to see you at the various events run for your enjoyment.

Please complete a separate form for each Member.



Flying Fifteen International -Victoria PO Box 1147 KUNYUNG VIC 3930 T 03 9787 0673 M 0438 882 004 ABN 80 055 490 055 sec.flying15vic@gmail.com

Name:			YA Member #			
Address:		Date	of Birth:	/	/	
			Postcode	:		
Telephone (after hours):	N	lobile:				
Club member at:						
I am happy to receive emails at this address:						
Declaration: the declaration below is required FFIV website, Membership tab:	by Consumer	Affairs Victoria. Th	e link to the	Rules is fo	und on the	
I, the purposes of the Association; and agre	wish to be	ecome a member	of the Asso	ociation; a	nd I suppor	
the purposes of the Association; and agre	e to comply	with the Rules of	Association	۱.		
Signed:		Date:				
Boat Registration: (please circle one)	Owner	Co-owner	Non-own	ner: boat reç	gularly sailed	
Name:			_ Sail Num	nber:		
Manufacturer:	Hull Type	e				
Under the FFI class rules, both skipper and cr To assist Victorian Flying Fifteen owners who owners which makes any crew eligible to sail World Championship the crew must be a nom YA (financial club member).	have multiple FFI-V events	crews during the s during the season.	However, to	sail an Aus	stralian or	
Membership type (circle one): Owner \$	577 or <u>Bı</u>	<u>uy-out</u> \$122 (bo	th include \$3	2 boat reg	n to FFIA)	
Non Owner \$45 Concession* \$30	Life memb	<u>oer</u> : <u>FFIA</u> or <u>FFIV</u>	\$nil As	ssociate_\$	30 (social)	
* only available to Non owners who are: FT studer	nts, or under 25	yrs on 1/3/2015, or P	ensioners, or	Health Care	Card holders	
Payments: Cheques or money orders made por On line payments: Please complete this form, FFIV Association account using your Surname BSB 633 000 (Bendigo Bank) Account No. 1	post or scan e and "Memb	and email as above pership" as the ref	e and direct of erence to:	deposit pay	ment to the	
Communications: If selecting Buy-out option, correspondence by completing the information you choose buy-out .					tion form if	
Name:			YA Membe	er#		