MANGONUI CRUISING CLUB, BOX 212, MANGONUI, 0442

MEMBERSHIP APPLICATION

Name:		D.O.B*		
Email Address:		Ethnicity*		
Postal Address:				
	Mobile Phone:			
Name of Boat (if boat owne	er)T	`ype:	LOA:	
Family membership o	nly:			
Partner's Name:		D.O.B*		
Children's Names		D.O.B*		
		D.O.B*		
* D.O.B. and Ethnicity requ	uired by Yachting New Zealand to a	void duplication	of accounts	
	DECLARATION:			
I hereby agree to abide by t	he rules and regulations of the Mang	gonui Cruising C	lub Inc	
purposes necessary in runni	gonui Cruising Club to use informat ng the Club, including disclosure to equired by affiliation agreement with	third parties as i	file for appropriate necessary (specifically	
Signed:		_		
	Membership Proposed	by:		
Name of proposer:Signed:				
	PAYMENT:			
Membership Type (please	circle):			
Individual \$138;	Family \$200.00;	Social \$	88	
Members participating in sa	iling or cruising activities must hav	e individual or fa	amily membership	
Amount paid : \$	Paid by:			
€ Direct deposit to Mo€ EFTPOS/cash at the	CC account using your name as refe bar in the club.	rence: <u>38-9007-0</u>	0024989-00	
Donation(voluntary): \$ Version: 6/2025	Date accepted int	Date accepted into MCC:		