



SHORTHANDED SAILING ASSOCIATION OF AUSTRALIA INC.

Application for Membership

First Name: _____ Surname: _____

Address: _____

Home Phone: _____ Work Phone: _____

Home Fax: _____ Work Fax: _____

Mobile: _____ Email: _____

My interests are

Yacht Type: _____ Mono Cat Tri

To crew

Other: _____

Please circle:

Are you a YA member? YES or NO If yes # _____

SSAA Membership fees

Annual Fee \$100.00 (Jan - Dec) \$ _____

Joining Fee \$30.00 (if not already a member of SSAA) \$ _____

Country Membership \$55.00 (if living outside 150 km radius of Sydney) \$ _____

TOTAL: \$ _____

I would like to pay by the following: EFT Cheque Visa MasterCard

Bank Details: BSB: 062 254 Account No: 00901289

Cardholder's name: _____

Card # _____ Expiry _____

Signature: _____ Date _____

Please complete all relevant information and forward to: **SSAA**, PO Box 7033, McMahons Point, NSW 2060

www.ssaa.com.au