



Bay Islands Multi Sport & Recreation Association Inc. (BIMSARA)
2 Union Street (PO Box 182)
Russell Island 4184
Email treasurer@bimsara.org.au
Ph. 0403 815 863
ABN: 57 625 202 340

APPLICATION FOR INDIVIDUAL MEMBERSHIP

[Mr/Mrs/Ms] First _____ Middle _____ Last _____

Date of Birth (DD/MM/YYYY) _____ Email _____

Address _____ Post Code _____ State _____

Phone _____ Occupation _____

Qualifications (Optional – First Aid/Blue Card/RSA) _____

Public Liability Insurance will not cover any new members unless notified within 7 days

Public Liability Insurance only, no Personal or Accident Insurance is provided under BIMSARA Insurance policy.

I hereby consent to the above application and, in the event of my acceptance, agree to abide by and be bound by the code of conduct of BIMSARA Inc.

We will invoice your membership fee once application is received & approved. Thank you.

Applicant Signature _____ Date _____

CONFIDENTIAL

Office Use:

Member: Accepted _____ Rejected _____

Acceptance/Rejection letter sent Yes _____ No _____

Membership No: _____ Payment Received? Yes _____ No _____

Receipt No: _____

Register Completed by (authority Management Committee) print name _____

Signed by _____ Date _____