



CONFIDENTIAL

Bay Islands Multi Sports & Recreation Association Inc. 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.

Applicants Signature _____ Date _____

Proposer Ros Stiles Signature _____ Date _____

Seconder Dee Robert Signature _____ Date _____

Bay Islands Multi Sports &
Recreation Association Inc.
President: Ros Stiles
president@bimsara.org.au
0403 815 863
ABN 57 625 202 340

2-50 Union St Russell Island 4184
PO Box 182 Russell Island 4184
Secretary & Treasurer Dee Robèrt
secretary@bimsara.org.au
treasurer@bimsara.org.au



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**Bay Islands Multi Sports & Recreation Association Inc.
INDIVIDUAL MEMBERSHIP**

Office Use:

Member: Accepted _____ Acceptance/Rejection letter sent Membership No: _____

Rejected _____ Yes _____ No _____

Payment Received? Yes _____ No _____

Receipt No: _____

Register Completed by (authority Management Committee) print name _____

Signed by _____ Date _____