



**CONFIDENTIAL**

## Bay Islands Multi Sports & Recreation Association Inc. Application for Ordinary Membership

### Representative Details

Title (Mr/Mrs/Ms): \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position in Group: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Qualifications (optional): \_\_\_\_\_

### Group Details

Group Name: \_\_\_\_\_

Is the group incorporated? (Yes/No): \_\_\_\_\_

Activity Location: \_\_\_\_\_

Activity Type (Contact/Non-contact): \_\_\_\_\_

Total Number of Members: \_\_\_\_\_

Public Liability Insurance Required? (Yes/No): \_\_\_\_\_

### Insurance Requirements (if applicable)

Risk Assessment Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualified Coaches/Instructors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Safety/Training Equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Bay Islands Multi Sport & Recreation Association Inc. ORDINARY MEMBERSHIP

Supporting Documents or Waiver (if any):

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### Acknowledgement

Signature (if not covered by insurance):	_____	Date	_____
Proposer President Ros Stiles	Signature _____	Date	_____
Seconder Secretary/Treasurer Dee Robèrt	Signature _____	Date	_____

### Document Checklist

Blue Cards: \_\_\_\_\_

Photo ID: \_\_\_\_\_

Members Register List: \_\_\_\_\_

Office Bearers List: \_\_\_\_\_

Coach Qualifications: \_\_\_\_\_

Code of Conduct/Ethics: \_\_\_\_\_

Certificate to Practice (if required): \_\_\_\_\_

Ordinary Adult Membership Fee: \$25 each  
Ordinary Pension/Senior Membership Fee: \$20 each  
Ordinary Children Membership Fee to 18 years \$10 each  
Payment Method (No cash; deposit only)  
Payment Due Date (within 7 days of invoice)  
Additional Info Affecting Insurance:

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Consent to abide by BIMSARA rules Yes \_\_\_ No \_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will invoice you when application is received and approved. Thank you.

Payment Details  
Account: Bay Islands Multi Sports & Rec  
Bank: Bendigo Bank  
BSB: 633-000  
Account Number: 218 609 311

Bay Islands Multi Sports &  
Recreation Association Inc (BIMSARA)  
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



## Bay Islands Multi Sport & Recreation Association Inc. ORDINARY MEMBERSHIP

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### Office Use Only

Membership Status (Accepted / Rejected /

Conditional): \_\_\_\_\_

Membership Number: \_\_\_\_\_

Payment Receipt Number: \_\_\_\_\_

Signed by Management

Committee: \_\_\_\_\_

Notes: \_\_\_\_\_

Reminder: Notify BIMSARA 7 days in advance for insurance coverage of new activities/events.

