

MARITIME SQUADRONS ASSOCIATION

MEMBERSHIP APPLICATION FORM

FULL NAME:

ADDRESS:

SUBURB/CITY:

STATE&POSTCODE:

PHONE: WORK
MOBILE

E-MAIL:

PREFERRED CONTACT BY:

SQUADRON SERVICE WITH DATES:

MUSTERING/CATEGORY:

SPOUSE/PARTNER:

PLEASE INDICATE WHETHER YOU AGREE TO SHARE INFORMATION WITH MSA MEMBERS: YES / NO

MEMBERSHIP TYPE:(LIFE \$100.0 OR ANNUAL \$10.0 {AFFILIATE \$10.0}):

TIE &BADGE: (TIE \$21.0: BADGE \$7.0):

I HAVE SENT A DIRECT DEPOSIT OF \$_____ FOR MEMBERSHIP
AND \$_____ FOR TIE/BADGE.

SIGNED:

PAYMENT BY DIRECT DEPOSIT (INTERNET PREFERRED) OR CHEQUE:

NATIONAL AUSTRALIA BANK: MARITIME SQUADRONS ASSOCIATION

BSB 084-034 ACC 784607918

SEND FORM C/O GEOFF HYDE (TREASURER)
P.O.BOX 907
STRATHFIELDSAYE VIC 3551

OR email geoffhyde@bigpond.com

OFFICE USE Accepted by _____ on ____/____/____

Member Number _____