

Bay Steamers Maritime Museum Ltd

Membership Application/Renewal for year _____

Please complete all details, as they are required for our insurance, and return completed form to:
The Secretary, Bay Steamers Maritime Museum Ltd, PO Box 23387, Docklands, VIC 8012
Enquiries, contact Peter McIver, Chairman: ph 0409 960 251 or email wattle1933@gmail.com

Date _____ Full Name _____
Name you would prefer us to use (if applicable) _____
Phone/mobile _____ Email _____
Address _____
City _____ State _____ Postcode _____
Postal address if different from above _____

Preferred method of **communication** (circle one): Phone – Email – Post

New members are appointed as Provisional Members for an initial twelve months of membership then, at the discretion of the Board, they are eligible for Full Membership.

Provisional Members receive:

- Free passage on all public cruises
- All BSMM newsletters and bulletins
- Discounts on special events cruises

Full Members receive:

- The above, plus entitlement to vote at meetings

What are your skills?

Trade, Profession or Occupation _____
Qualifications _____
Any other useful skills _____

What areas are you interested in? (circle as many as wished): Captain – Engineer – Crew – Fireman – Catering – Maintenance – Administration – Publicity – Interested supporter

Are you prepared to attend **training courses** at the Museum's expense in your areas of interest?
Yes/No (circle one)

Personal Details (Active Members only: confidential and will not be revealed without your permission. Our insurance requires we record details for crewing purposes.)

Any medical conditions _____
Date of birth _____ List regular medications _____
Emergency contacts (1) Name _____ Phone _____
(2) Name _____ Phone _____