

CRUISING & NAVIGATION ASSOCIATION OF NEW ZEALAND INC



APPLICATION FOR MEMBERSHIP

P.O. Box 564
Shortland St
Auckland

www.cananz.org.nz

Name in full (Please use block letters).....

Permanent Address:.....

Mailing Address (if different from above).....

Telephone - Home Work: Mobile:.....

E Mail Fax.....

Are You over 17 years of age: No Yes Profession or Occupation:

Name of any Yacht Club(s), Institute, Society, etc to which you already belong:.....

Do you own a vessel: No Yes Vessel Name Call Sign:

Vessel Type: Sail No:

Tick if you do NOT wish to have these details published

SUMMARY OF INTEREST:

What form of Navigation do you currently use:

Cruising Interest: Offshore Coastal Local Other

Brief description of any cruising experience or other relevant expertise:.....

How did you learn of our Association:

I wish to become a member of the Cruising & Navigation Association of New Zealand Inc and agree to abide by the Rules.

Applicant's Signature: *Date:*

Nominator's Signature Nominator's Name:

Please return this form with \$25.00 Subscription to the above address.

Date Approved: