



The Duyfken 1606 Replica Foundation

New Membership

September 1st 2019 – August 31st 2020

I hereby apply to apply for membership of the Association known as The Duyfken 1606 Replica Foundation:

PERSONAL DETAILS

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ Post Code: _____ Country: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Occupation: _____

MEMBERSHIP FEE

Annual Membership Fee: \$50/member

Payment Options:

1. Transfer to the following:

Bank Account: The Duyfken 1606 Replica Foundation

BSB: 036-306

Account #: 256-070

***NB:** Please include your name with the payment*

OR

2. Debit my Credit Card (Mastercard or Visa) to the following:

Card No: _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _

Expiry Date: _ _ / _ _

CCV: _ _ _

VOLUNTEERING

I am interested in the following voluntary role(s) – PLEASE TICK:

- | | |
|---|--|
| <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Maintenance Crew |
| <input type="checkbox"/> Day Sail Crew | <input type="checkbox"/> Overnight Ship Keeper |
| <input type="checkbox"/> Sorry! I'm not able to assist at this time | |

In applying for membership to the Association I do so knowing that, if accepted as a member, I agree to be bound by the Rules of the Association as detailed in the Constitution.

Signature: _____

Date: ____/____/____

Please mail this completed application form to:

The Duyfken1606 Replica Foundation, PO Box 269, Fremantle 6959

Or Scan and Email to: administration@duyfken.com

Website: www.duyfken.com