Tear along the dotted line. Moisten the gummed strip and seal, enclosing your completed membership form and payment if applicable

Membership Application Form

Please return this form, with your payment if appropriate, to:
Coastguard Northern Region Inc,
PO Box 2195, Shortland St, Auckland 1140, New Zealand.

There is no need to send any money if you complete the Direct Debit form opposite. Direct Debit helps reduce our administration costs.

Title First Name(s)

Surname

Address

Postcode

Telephone *(Home)* *(Bus.)*

Mobile

Email

☐ We never give your information to other organisations. If you do not want to receive email about other ways to support Coastguard, please tick here

I wish to join Coastguard Northern Region, and enclose my subscription for the membership detailed below:

☐ **Individual / Family membership** (min $97 p.a.) $
Includes dependants up to 18 years of age

☐ **3 Year Membership** (min $291) $
No need to renew for 3 years

☐ **Lifetime Membership** (min $1,455) $
15 times the current annual subscription fee for a lifetime of Coastguard membership

☐ **I would like to make a donation of:** $
Every dollar helps our volunteers to save lives at sea

Total enclosed: $

☐ **Direct Debit**
Please complete Direct Debit form opposite

☐ **I enclose a cheque**
Please make cheques payable to ***Coastguard Northern Region Inc.***

☐ **Please debit the indicated amount from my Credit Card:**

Card No.

Name on Card: **Exp. Date:**

☐ Visa ☐ Mastercard ☐ American Express ☐ Diner's Club

Signature

Safety Information

If you're a boatie, please complete the safety & boat information below. This information helps us to respond more effectively should you need assistance from our volunteers.

Emergency Contact

Name

Relationship

Telephone Mobile

Vessel Details

Boat Name

Call Sign

☐ Dinghy ☐ Inflatable ☐ PWC ☐ Powerboat (trailer) ☐ Launch

☐ Yacht ☐ Other (specify)

Design/Make Sail # *(If applicable)*

Length *(metres)* Rig *(If applicable)*

Hull Colour Cabin/Canopy Colour

Distinguishing Marks

Engine Type

No. of Engines

Speed *(kts)* Cruise Max

☐ Inboard ☐ Outboard ☐ Petrol ☐ Diesel

Safety Equipment Carried

☐ VHF ☐ Flares ☐ Life Jackets ☐ First Aid Kit ☐ EPIRB

Vessel Kept

☐ Marina ☐ Mooring ☐ Dry Stack ☐ Home

Berth Details

Any other relevant information

Coastguard use only

Introduced by

Date Entered By *Membership#*

Instruction to your Bank to pay by Direct Debit (if applicable)

It's simple to start your regular gift. Just fill in this instruction to your bank to pay Direct Debits. Your regular gift will help Coastguard to plan for the future even more effectively, and reduce administration costs.

Name of Bank Account

Bank Branch Account Number Suffix

To: The Bank Manager 1 2 0 3 7 2 7 Authorisation Code

Bank:

Branch:

Town/City:

I/We authorise you, until further notice, to debit my/our account with all amounts which COASTGUARD NORTHERN REGION INC. (hereinafter refered to as the Initiator) the registered initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed below.

Information to appear on my/our bank statement

C O A S T G U A R D | | T H A N K Y O U

Payer Particulars Payer Reference Payer Code

Signature: Date:

Conditions of this Authority

The Initiator:
(a) Has agreed to give 10 calendar days written advance notice of the net amount of each direct debit and the due date of debiting at least four business days before the date when the direct debit will be initiated. The advance notice will include the following message:- "The amount of $..... will be direct debited to your bank account on (initiating date)". (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

The Customer may:
(a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator. (b) Stop payment of any direct debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank.

The Customer acknowledges that:
(a) This Authority will remain in full force and effect in respect of all direct debits made from my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the bank. (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account. (c) Any dispute as to the correctness or validity of an amount debited to my/ our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator. (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of: - The accuracy of information about Direct Debits on bank statements. - Any variations between notices given by the Initiator and the amounts of Direct Debits. (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

The Bank may:
(a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank. (b) At any time terminate this authority as to future payments by notice in writing to me/us. (c) Charge its current fees for this service in force from time-to-time.