



DAY MEMBERSHIP FORM

Title: Mr Mrs Ms Miss DR Other: _____

Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ P/Code: _____

- Date of Birth: _____
- Mobile: _____
- Email: _____
- Next of Kin: _____ Contact No: _____

Signed: _____ Date: _____

The following information is used by Yachting Victoria to understand current trends, engage underrepresented groups, develop resources, understand inclusion at club level and develop strategies to support club inclusion. The information will be used for reporting purposes only.

Do you have a disability or physical condition, which has lasted or likely to last 6 months or more that restricts your life in some way?

☐ Yes ☐ No ☐ Not Sure ☐ Prefer not to say (please tick the box)

Where were you born? ☐ Australia ☐ Overseas (please tick the box)

If born overseas, how many years in total have you lived in Australia? _____ Years

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but not should include housework or physical activity that may be part of your job.

----- days per week

Office use only

Day Pass Issued: _____