


Tick one box 		BOAT OWNER RENEWAL		NEW BOAT OWNER APPLICATION	
NAME:					
ADDRESS:					
SUBURB:		POST CODE:			
PHONE:		DATE OF BIRTH:			
EMAIL:					
APBA AFFILIATED CLUB:		CLUB MEMBERSHIP EXPIRES:			
BOAT REGISTRATION NUMBER:		STATE OF ISSUE:			
BOAT REGISTRATION EXPIRY DATE:		APBA RACE No			
HULL IDENTIFICATION NUMBER (HIN):					
BOAT NAME:		ENGINE CAPACITY:			
TYPE OF BOAT				CATEGORY OF MEMBERSHIP	
THUNDERCAT		T		LIMITED	
				FULL YEAR	
				HALF YEAR	
				ADDITIONAL BOAT	

DECLARATION BY THE APPLICANT: *An applicant making a false declaration is liable to refusal or cancellation of membership*

I hereby apply for the issue/renewal of an APBA Boat Owner Licence, the grade of boat specified herein. I declare that:

- I am in possession of, or will obtain the current Racing & Safety Rules Book and will abide by the Rules & Regulations contained therein.
- I will not do anything that will bring powerboat racing or the Australian Power Boat Association into disrepute.
- I am in possession of a current Boat Registration as required by my State Boating Authority and I acknowledge that this application is conditional on compliance with the applicable State Boating Authority requirements.
- the particulars given in this application are true and correct.
- I will notify the Association if any changes to the information on this application occur.

I agree that if my membership of an APBA Affiliated Club lapses or is terminated that I will notify the Association. I understand that I will cease to be a member of the Australian Power Boat Association if my membership to an APBA Affiliated Club ceases.

SIGNATURE OF APPLICANT:		PRINT NAME:		DATE:	
SIGNATURE OF WITNESS:		PRINT NAME:		DATE:	
DECLARATION BY THE APPLICANTS CLUB: (To be completed only by an Authorised Club Official)					
I certify that the above named is a Full Financial Member of the abovementioned APBA Affiliated Club. Their declaration is to the best of my knowledge and belief is true and correct. I HAVE / HAVE NOT sighted the documents referred to in this application.					
SIGNATURE of CLUB OFFICIAL		NAME of OFFICIAL (Please print)		OFFICE HELD	
				DATE	

LICENCE ISSUING OFFICER USE ONLY

Licence/Race No:		Date Issued:		Issued by:	

Return completed form to: **NSW Licence Officer, PO Box 443, CHESTER HILL NSW 2162**