

## Volunteer Marine Rescue Jacobs Well

ABN: 25 862 670 198 1161 Pimpama-Jacobs Well Road, JACOBS WELL. QLD. 4208

P.O. Box 279 BEENLEIGH. QLD. 4207 **Phone: 07 5546 1100 Fax: 07 5546 1055** 



## **Application for Associate Membership**

VMR Jacobs Well Associate Membership covers you for Marine Assistance for all areas south of the northern tip (Potts Point) of Macleay Island to the North Arm of the Coomera River, including the Logan, Albert, Pimpama Rivers and Jumpinpin Bar. Offshore (i.e., up to 15nm offshore from North & South Stradbroke Islands) assistance is available at the discretion of the Resource Controller. Free Offshore and Inshore coverage (up to 5 hours per year) consists of towing (breakdowns or fuel), soft groundings and jump starts. In the event of a tow being required, we will tow you back to your point of departure that day (within our area) or the nearest safe harbour, whichever the Duty Skipper deems appropriate on the day. When on the water, you are deemed to be registered and insured as appropriate and that your vessel is seaworthy.

Our extended VMR coverage (up to 2 hours per year, back to safe harbour) includes areas north to Bribie Island and south to Point Danger under the Terms and Conditions of our VMR SE Qld Extended Zone Service Agreement. Longer tows by other squadrons are to be negotiated directly with the VMR assist squadron.

Search and Rescue (SAR), Old Ambulance First Response Activations, Police Activations and Medical Evacuations are our primary role. Activations for people or vessels in genuine distress or imminent danger are not usually charged. Re-location tows for maintenance or repairs are not covered by your membership and are classed as non-SAR marine assistance. Please contact the base to discuss any required assistance.

VMR Jacobs Well, offers marine assistance and radio listening watch (log on/off) 24/7, 365 days a year.

Membership Types:	Associate: \$88.00 p.a.		Assoc. Senior Concession: \$77.00 p.a.				
*Your membership must be active prior to your breakdown assistance entitlements commencing – usually 3 Days after payment received.							
Surname:			Given Names:				
Address:							
Suburb:				State:	e: Post Code:		
Home Email:				Date of Birth:			
Home Phone:	Mobile:		Business Phone:				
Occupation: Concessi				Card No:			
Vessel Name:				Rego No:			
Type/Make:	ke: Colour:			HP:		Length: (Mtrs)	
Motor/Make:	Radio(s) Fitted: VHF 27MHZ HF None						
Vessel: (Stored/Moored)	Trailer Rego:						
Vehicle Make:				Vehicle Rego:			
If I am accepted as an Associate Member of Volunteer Marine Rescue Jacobs Well, I hereby agree to abide by the Rules and By- Laws of this Association. All details collected are in accordance with the Privacy and Personal Information Act 1988 for use in processing your application and on occasions when you may require assistance from VMR Jacobs Well.							
Applicants Signature:				Date:			
OFFICE USE ONLY							
Nominated by:			Seconded by:				
Membership No:	Expiry Date:						
Amount Paid: \$88 / \$77 (Concessional)				Date:			
Receipt No:			Processed by:				