



**morningtonpeninsulabeachboxassociationinc.**

address|P.O. Box 447 Mount Martha Victoria 3934 email|info@mpbba.org.au phone|0447 321 257

REG. NO. A0040646G  
A.B.N. 36 827 637 979

## APPLICATION FOR MEMBERSHIP

**NAME OF FORESHORE** (EG. BLAIRGOWRIE): \_\_\_\_\_

**BEACH BOX NUMBER:** \_\_\_\_\_

I, the undersigned, being the licensee of the above beach box, apply to become a member of the Mornington Peninsula Beach Box Association Inc. or I shall nominate another individual to represent me. I agree to comply with the Rules of the Association (available at [info@mpbba.org.au](mailto:info@mpbba.org.au)), support the purposes of the Association, understand that membership shall be restricted to one member per beach box and that the beach box is used for non-commercial purposes only.

**Licensee:**

\_\_\_\_\_  
Title First Name/ Company Name Surname

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Nominee:** (NB. Please complete this section where the licensee is a company or the licensee wishes to nominate another individual to represent him/her as a member of the Association.)

\_\_\_\_\_  
Title First Name Surname

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**ANNUAL MEMBERSHIP FEE** (1 July 2022 to 30 June 2023) **\$85.00**

(All members of our Association are covered for public liability insurance, please refer to the information on the next page)

**DONATION – VERY MUCH APPRECIATED - THANK YOU**

**TOTAL** \$ \_\_\_\_\_

Payment can be made by bank transfer, credit card, cheque or money order. Cheques should be made payable to: Mornington Peninsula Beach Box Association Inc. Please forward this form along with your payment to PO Box 447, Mount Martha, 3934.

**Member Information:**

Contact Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email address: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Beach box Construction: Roof: \_\_\_\_\_ Walls: \_\_\_\_\_ Electricity: Yes / No (please circle)

**MPBBA Bank Details for payments via Bank Transfer**

Bank: Commonwealth Bank of Australia Account name: Mornington Peninsula Beach Box Association  
BSB: 063 012 Account #: 1022 3009  
Reference: your beach box number and foreshore

**Credit Card Payment (MasterCard or Visa only)**

Credit card number: .....

Name on card: ..... Expiry date: .....



## **PUBLIC LIABILITY INSURANCE**

**What it is:**

**Public Liability Insurance protects Licensees against any liability claim from a third party arising from bodily injury or property damage that is associated with their Beach Box up to the Cover amount.**

**Public Liability Insurance is compulsory for beach box licensees on foreshores at Dromana, Capel Sound, Tyrone and Blairgowrie. On Mornington Peninsula Shire-managed foreshores it is not currently compulsory, but is expected to be so, once the Mornington Peninsula Shire’s Draft Boatshed and Bathing Box Policy is approved by Council. Membership of the MPBBA provides public liability insurance for the licensee.**

**If requested by a committee of management, we notify them that you have obtained public liability insurance through our Association. Payment of your membership fee authorises us to notify the relevant committee of management of the beach box that has insurance linked to it through membership.**

**Cover:**

\$20 million per claim

**Excess:**

\$1000 per claim. The Association is not responsible for this excess and by paying the premium, you accept that you are liable for the first \$1,000 of any claim. We cannot arrange for cover in relation to the \$1,000 excess.

**Policy wording:**

The Policy document is available on request to the Association at [info@mpbba.org.au](mailto:info@mpbba.org.au)

**Disclaimer:**

You should read the Certificate and Policy to ensure that the cover is adequate for you and, if necessary, consult your own insurance broker. **The Association is not responsible for the adequacy of the Group Public Liability Insurance to suit the circumstances of any individual member, either in relation to the amount of insurance or the wording of the Policy.**

For further information please contact Vicky Sapkin, Administration Assistant on 0447 321 257.

**Office Use Only**

Membership accepted by the Committee at meeting on .....

Certified by Secretary .....