

Application for Senior or Country Membership

Please print clearly and tick boxes provided where applicable

Claremont Yacht Club (Inc)
PO Box 11, Claremont WA 6910
www.claremontyachtclub.org.au

Title _____ Surname _____ Given Names _____ Preferred Name _____ D.O.B. _____

Home Address: _____

Postal Address: _____
(If different to home address)

Membership Category: Senior 25+ Senior 21-24 Senior 18-20 Country

For billing purposes, is this application part of a Family Membership group? Yes No

Participation: Yacht Racing Power Boat Activities Crew Activities Social

Are you a Boat Owner? Yes No If Yes: Power Boat Sail Centre Board/Dinghy

Will you be applying for a Pen? Yes No If yes, have you completed a Pen Application? Yes No

Please Declare Interests in Boat(s) (Tick which most accurately describes your situation)

I am in partnership with my wife/partner I am part of a Company who owns a boat
 I am a partner in the boat with: _____ Pen/Mooring # _____

Please advise if your boat has any special requirements: _____

Boat Type: _____

Previous boating experience: (Please provide details): _____

Why would you like to join the Club? _____

Date: ____ / ____ / ____ Signature of Applicant: _____

To be Completed by the Proposer:

I have been acquainted with the candidate for _____ years, and I submit the following further information in support of his/her Nomination: _____

Name of Proposer: _____ Signature: _____ Date: ____ / ____ / ____

To be Completed by the Seconder:

I have been acquainted with the candidate for _____ years, and I submit the following further information in support of his/her Nomination: _____

Name of Seconder: _____ Signature: _____ Date: ____ / ____ / ____



Personal Information - Not for Display



Volunteer Activity

The Club enjoys varied voluntary support from its Members in areas as diverse as professional advice to grounds maintenance.

If you are able to assist in any of the areas specified below, please indicate:

- Provision of professional services to the Club in my area of expertise
- Assistance in function organisation and promotion
- Assistance in newsletter preparation and other communication with members
- Assistance in race administration
- Assistance in race and rescue boat support
- Assistance with archive preservation
- Assistance with junior training
- Assistance on Sub Committees
- Assistance with handyman duties
- Assistance with office duties such as mail outs and filing

Contact/Business Information:

Mobile #		Name of Employer	
Home or Business #:		Position Title	
Email:		Trade/Qualifications	
Emergency Contact:		<u>or</u>	
Mobile #:		Self Employed	
Home or Business #:		Type of Business	
Email:			

Rescue Boat Donation

Annual Contribution to Rescue Boat Donation \$5.00 Yes No

Communications

Please indicate if you would like the following Club's Midstream emailed to you: Yes No

From time to time, the Club may produce a 'Membership Directory' for those members wishing to advertise their business amongst the members. Please indicate whether you would like to participate in such a publication: Yes No

Do you have a Criminal Record? Yes No
Have you ever been convicted of any offence under any Act? Yes No

If yes, please attach details to this application

Declaration

I declare that all of the information is true and correct and, should I become a member I will honour my commitments to the Club. I agree to this application for membership being posted on the Club Member's Notice Board.

Date: ____ / ____ / ____ **Signature of Applicant:** _____

FINANCIAL AUTHORITIES



Nomination Fee:

- The Nomination Fee must be submitted with this Application Form.
- If the application is not accepted the Nomination Fee will be refunded.

Credit Card Cheque Cash

I hereby authorise Claremont Yacht Club (Inc) to debit my credit account with the sum of \$ _____

Visa MasterCard

Card #

Expiry Date: _____ / _____ CVV (3 digit number on back of card): _____

Cardholders Name: _____ Cardholders Signature: _____

Credit Card Monthly Authority:

For your convenience, Claremont Yacht Club (Inc) can charge your monthly invoice/statement balance to a nominated credit card. The amount will be debited to your credit account on or around the 14th day of the following month.

Your will receive the previous month's statement prior to the processing of the payment.

Please complete the following section if you would like the Club to process your monthly payment to your nominated Credit Card.

I _____ hereby authorise Claremont Yacht Club (Inc) to debit my credit card account on or around the 14th of each month, with the total amount outstanding on my Club Statement Account.

This Authority will commence on the **14** / _____ / _____ and remain in force until cancelled by me.

Visa MasterCard

Card #

Expiry Date: _____ / _____ CVV (3 digit number on back of card): _____

Cardholders Name: _____ Cardholders Signature: _____

OFFICE USE ONLY			
Date Application Received:		Approval Date:	
Nomination Fee Paid:	\$ _____	Invoice Processed Date:	
Pen Application Y or N:		Membership #	
Pen Application Date Paid:		Parking Sticker #	
Date Entered on Database:		Fuel Authority:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notice Board Date:		Monthly Authority:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:			