



CLAREMONT YACHT CLUB

4 Victoria Avenue Claremont WA 6010

Phone: 9384 8226 Fax: 9384 9990

CONTRACTOR'S DECLARATION AND JETTY ACCESS APPLICATION

COMPANY: _____

NAME: _____

ADDRESS: _____ P/CODE: _____

CONTACT NUMBER: _____ EMAIL: _____

INSURANCE

SHIP REPAIRER LIABILITY – Please complete details below and attach a copy of the current Certificate.

Insurance Company: _____ Policy #: _____

Amount of Cover: _____ Expiry Date: _____

PUBLIC AND PRODUCT LIABILITY INSURANCE - Please complete details below and attach a copy of the current Certificate.

Insurance Company: _____ Policy #: _____

Amount of Cover (*min \$10m*): _____ Expiry Date: _____

- ✓ I undertake to maintain the above Insurance Policies for the duration that I work at the Club.
- ✓ I will provide the Club with the renewal policies when they expire.

SAFE WORK PRACTICES

- I undertake to observe the safe work practices requirements of the Occupational, Health, Safety and Welfare Act 1984, the Occupational Health, Safety and Welfare Regulations 1988, appropriate Australian standards and Codes of Practice approved by State and Federal Occupational Health and Safety Commissions, as they apply to my tasks
- I will ensure that myself and my employees are trained and supervised in the safe use of all equipment or tools required to carry out our tasks
- I will ensure that no vessel adjacent to my work site is affected by paint overspray or dust
- I will ensure that all waste oil is removed from CYC prior to completing my works
- I am aware of the CYC Environmental Management Statement and will comply with all requirements of the Statement

SIGNED: _____

DATE: _____

Office use only

DATE PAID \$100: _____

VISA/MC/EFTPOS/CASH: _____

FOB # _____

DATE PAID \$40: _____

DATE FOB ISSUED: _____

FOB EXPIRY DATE: _____

FEES

The subscription fee is \$100 per year or part of and is renewable on 1 July each year
Access cards are available at a one-off cost of \$40 each

Please provide credit card details for your subscription and access card fees.

Following receipt of payment, your credit card details will be deleted from the Club records.

Credit Card Authority for Payment of Subscription and Access card(s)

I agree to the payment amount of \$ _____ representing the \$100 subscription and ____ access cards at \$40 each

Name on Card: _____

Visa or MasterCard Card #: _____
(Amex not accepted)

Expiry date: ____ / ____ CVV (3-digit number on back of card): _____

I hereby authorise CYC to withdraw funds, up to the payment limit, from the account for which I have provided details for payment.

Signature: _____ Date: _____