



CLAREMONT YACHT CLUB (INC)

PO Box 11 Claremont WA 6910 Telephone: (08) 9384 8226 Fax: (08) 9384 9990

Web: www.claremontyachtclub.org.au Email: membership@claremontyachtclub.org.au

Application for Associate Membership

Membership Category:

- | | | |
|---|---|--|
| <input type="checkbox"/> Senior Dinghy 18+ | <input type="checkbox"/> Associate Social | <input type="checkbox"/> Associate Partner |
| <input type="checkbox"/> Associate Reciprocal | <input type="checkbox"/> Associate Crew | |
| <input type="checkbox"/> Junior <15 | <input type="checkbox"/> Junior 15-17 | |
| <input type="checkbox"/> For billing purposes, is this application part of a Family membership group? | | |

Title: _____ Surname: _____ First Name: _____

Address: _____

Suburb: _____ Postcode: _____

Postal Address: _____ DOB: _____

(If different to home address)

Home Phone No: _____ Mobile Phone: _____

Email: *(please print clearly)* _____

Name of Employer: *(If applicable)* _____

Name of Senior Member: *(If part of Family Application):* _____

Reason for joining Club: _____

Would you like to receive Midstream Newsletter via email: Yes No

Rescue Boat Donation \$5.00 Yes No

I will support the activities and objectives of Claremont Yacht Club: Yes No

PLEASE NOTE: Annual Membership fee will be charged upon acceptance by the General Committee.

SIGNATURE: _____ DATE: _____

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 Proposer : _____ Signature: _____ Date: ____/____/____

FINANCIAL AUTHORITIES

Subscription Fee & Nomination Fee (if applicable):

➤ The Subscription Fee & Nomination Fee (if applicable) must be submitted with this Application Form.

Cash
 Cheque Enclosed
 Credit Card

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

Visa
 Mastercard

Card No.

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 No.

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

Cardholders Name: _____ Cardholders Signature: _____

OFFICE USE		Subscription Paid:	\$
		Nomination Paid:	\$
Date Received:		Date Paid:	
Date Entered on Database:		Membership #	
Notes:			