



# CLAREMONT YACHT CLUB (INC)

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

Web: [www.claremontyachtclub.org.au](http://www.claremontyachtclub.org.au) Email: [membership@claremontyachtclub.org.au](mailto:membership@claremontyachtclub.org.au)

## Membership Application

Please print clearly and tick boxes provided where applicable

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_ Preferred Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

(If different to home address)

Membership Category:  Senior Dinghy 18+  Associate Social  Associate Partner  
 Associate Crew  Associate Reciprocal  Junior Under 15yrs  Junior 15-17yrs  
 Just Friends Inc.  CCGS Old Boys Association  Nor-West Game Fishing Club  Lions Club

Applicant's Mobile #		Name of Employer	
Home or Business #:		Position Title	
Email:		<u>or</u>	
Next of Kin:		Self Employed	
NOK Mobile #:		Type of Business	
Email:			

### Redeemable House Support Scheme Credits for Senior Dinghy & Crew Members:

As part of Senior Dinghy & Crew Members categories of Membership, In-House Support Scheme Credits are debited to Members accounts as outlined below:

- \$125 is charged every six months (July & January)

### Trophy Collections

All Senior and Dinghy 18+ Members have their accounts debited \$11.00 per annum for a Trophy Levy.  
The Trophy levy for Junior Members is \$5.50 per annum.

### Rescue Boat Donation

Annual Contribution to Rescue Boat Donation \$5.00  Yes  No

### DECLARATION:

*I declare that all the information I have provided is true and correct. In the event of my formal election to Membership, I will support the objectives of the Club, abide by the Constitution and the Rules of The Claremont Yacht Club (Inc.) and any regulations for the time being in force. I acknowledge that I am liable for all unpaid fees and charges incurred by me, and in the event of default, any debt collection costs incurred by CYC to recover that debt.*

*I agree to my name, as an applicant for Membership, being posted on the Club's Members' Notice Board.*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Applicant: \_\_\_\_\_

**PROPOSER AND SECONDER:**

**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: \_\_/\_\_/\_\_

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OFFICE USE ONLY			
Date Application Received:		Membership Fee Paid:	\$
Monthly Authority:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes:			

## FINANCIAL AUTHORITIES

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### Membership Fee

- The Membership 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): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

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### 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 14<sup>th</sup> day of the following month.

You 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 14<sup>th</sup> 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): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

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