



CLAREMONT YACHT CLUB (INC)

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

Web: www.claremontyachtclub.org.au Email: 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 25+ Senior Family Senior 21-24yrs Senior 18-20yrs
- Senior Country 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: | | | |

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

If yes, please declare interests in boat(s) (Tick which most accurately describes your situation)

I own the Boat 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 CYC Member _____ Pen/Mooring # _____

Participation: Yacht Racing Power Boat Activities Crew Activities Social

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: _____

FINANCIAL AUTHORITIES

Nomination Fee – Seniors, Country & Dinghy Members only

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

Associate Membership Subscription Fees

- The Subscription Fee must be submitted with this Application Form

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: _____

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.

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 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): _____

Cardholder's Name: _____ Cardholder's Signature: _____

SENIOR FAMILY MEMBERSHIP

(To be completed for Senior Family Membership only)

Head Member's Name _____

| | | | |
|-----------------|--|----------|--|
| Spouse's Name | | DOB | |
| Spouse's Email: | | Mobile # | |
| | | | |
| Child's Name | | DOB | |
| Child's Name | | DOB | |
| Child's Name | | DOB | |
| Child's Name | | DOB | |
| Child's Name | | DOB | |

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: ___ / ___ / ___

| 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 in 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: | | | |