



# YARRA BAY 16 FT SAILING CLUB

## MEMBERSHIP APPLICATION

PH: (02) 9311-2592  
FAX: (02) 9661-8545

P.O. BOX 198  
MATRAVILLE NSW 2036

SURNAME: \_\_\_\_\_ ( Mr Dr Miss Mrs Ms Jnr ) Please Circle

GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
(Residential) \_\_\_\_\_

POST CODE: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE NO: (H) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(W) \_\_\_\_\_  
(M) \_\_\_\_\_ PENSION NO: \_\_\_\_\_  
Aged Pension Only

MEMBER OF OTHER CLUBS: \_\_\_\_\_

To the Directors,  
I hereby apply of election as a member of the Yarra Bay 16ft Skiff Sailing Club. I declare that I have Attained the age of 18yrs and the stated date of birth is correct. If elected, I agree to abide by the Articles Of Association and Rules of the Club.

SIGNATURE OF CANDIDATE: \_\_\_\_\_

NOMINATER: NAME: \_\_\_\_\_ M/SHIP NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SECONDER: NAME: \_\_\_\_\_ M/SHIP NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- FOR A PERIOD OF TWELVE MONTHS THE NOMINATOR WILL BE HELD RESPONSIBLE FOR THE ACTIONS AND BEHAVIOUR OF NOMINEE IN THE CLUB PRECINCTS.
- APPLICATIONS FOR MEMBERSHIP MUST BE NOMINATED AND SECONDED BY CLUB MEMBERS WITH NOT LESS THAN 12 MONTHS MEMBERSHIP.

SUBSCRIPTION: SENIOR \$10.00 AGED PENSIONER \$5.00 JUNIORS \$5.00

SUBSCRIPTION PAYABLE ON LODGEMENT OF THIS FORM. MEMBERSHIP YEAR IS FROM 1ST JULY TO 30TH JUNE.

RECEIPT NO: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE OF ACCEPTANCE: \_\_\_\_\_ CARD NO. ISSUED: \_\_\_\_\_

## WELCOME ABOARD