



CLUB MEMBERSHIP APPLICATION

TO THE MANAGEMENT COMMITTEE OF SOUTH OF PERTH YACHT CLUB (INC.),

PLEASE CONSIDER MY APPLICATION AND NOMINATION TO BECOME A MEMBER OF THE CLUB IN THE CATEGORY BELOW:

<input type="checkbox"/> Ordinary	<input type="checkbox"/> Centreboard <i>(must be actively participating in events)</i>
<input type="checkbox"/> Ordinary <i>(18-26 years of age)</i>	<input type="checkbox"/> Centreboard <i>(18-26 years of age)</i>
<input type="checkbox"/> Family <i>(Ord + Assoc + 2 children)</i>	<input type="checkbox"/> Introductory Crew <i>(max 2 years)</i>
<input type="checkbox"/> Country <i>(living 100kms outside Metro Area)</i>	<input type="checkbox"/> Crew <i>(must be actively crewing on a vessel)</i>
<input type="checkbox"/> Social	<input type="checkbox"/> Junior <i>(up to 18 years of age)</i>
<input type="checkbox"/> Associate <i>(to Junior or Grand Sponsor Member)</i> Associate to:	

MEMBERS PERSONAL DETAILS			
For those applying for Family Membership, this will be the 'head' member. Head member must be the vessel owner			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mstr <input type="checkbox"/> Other:			OFFICE USE ONLY – MEM NO.
First Name:		Surname:	
Known As:		Date of Birth: ___ / ___ / ___ (compulsory)	
Residential Address:		Suburb:	Postcode:
Postal Address:			
Home Ph:		Work Ph:	Mobile:
Email:		Occupation: (Former / Current)	

FAMILY MEMBERS			
Only complete this section if you are applying for Family Membership.			
FAMILY ASSOCIATE DETAILS (spouse of head member)			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:			OFFICE USE ONLY – MEM NO.
First Name:		Surname:	
Known As:		Date of Birth: ___ / ___ / ___ (compulsory)	
Email:		Mobile:	
CHILDREN DETAILS			
Children must be under 18 years of age			
<input type="checkbox"/> Mstr <input type="checkbox"/> Miss		Date of Birth: ___ / ___ / ___ (compulsory)	OFFICE USE ONLY – MEM NO.
First Name:		Surname:	
<input type="checkbox"/> Mstr <input type="checkbox"/> Miss		Date of Birth: ___ / ___ / ___ (compulsory)	OFFICE USE ONLY – MEM NO.
First Name:		Surname:	

Please tell us why you would like to become a member at SoPYC:

HOW YOU HEARD ABOUT SoPYC

Friend or Relative Social Media Radio Newspaper Other (please specify):

PARTICIPATION INFORMATION

Are you currently registered with Australian Sailing?	<input type="checkbox"/> Yes Australian Sailing No.:	<input type="checkbox"/> No
Club rules expect members to participate in (unlimited):		
<input type="checkbox"/> Keelboat Sailing Wednesdays & Saturdays (summer) Sundays (winter)	<input type="checkbox"/> Cruising	
<input type="checkbox"/> Power Yacht Time Trialling (May – Sept)	<input type="checkbox"/> Stand Up Paddleboarding/ Windsurfing	
<input type="checkbox"/> Junior Sailing	<input type="checkbox"/> Social Events/ Functions /Regattas Onshore	
<input type="checkbox"/> Dinghy Sailing	<input type="checkbox"/> Sponsorship / Marketing opportunities	
<input type="checkbox"/> Ocean Racing	<input type="checkbox"/> On Water Support/ mark laying	
<input type="checkbox"/> Recreational Boating	<input type="checkbox"/> Leadership, policy & Governance	
<input type="checkbox"/> On shore event volunteering	<input type="checkbox"/> Training to certify first aid, Race officer etc	

**The information you provide above will be collated and sent to a fleet representative.
Register of volunteer details and certification is maintained by On Water Group**

CREWING INFORMATION (compulsory for Crew membership applications)

Crew & Intro Crew *I have been invited to join the crew of an existing member*

Vessel Name: _____ Skipper: _____

Sail# _____

Member# _____ Signature: _____

I do not consent to my information being sent to a fleet representative.

VESSEL SPECIFICATION: (NOTE: THIS IS NOT A PEN APPLICATION)

Once your eligible Club Membership has been approved, you may then apply for marina facility by submitting the appropriate online pen facility.

Yes, I own a vessel and intend to apply for use of a Club facility: Water pen Land Pen Rack

<input type="checkbox"/> I currently own a Vessel at date of application	Length: _____	Model/Name: _____	<input type="checkbox"/> Keel
			<input type="checkbox"/> Power
<input type="checkbox"/> I currently do not own a boat but intend purchasing a boat in the future			<input type="checkbox"/> Dinghy

HISTORY

Has membership been refused or terminated by a Club?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list any similar Clubs where membership is or has been held:		

In the event of my application being accepted, I acknowledge that I understand and will abide by the Rules and ByLaws of South of Perth Yacht Club (Inc.) and any regulations for the time being in force. I acknowledge that I am liable for all unpaid fees incurred by me, and in the event of default, any debt collection costs incurred by SoPYC to recover debt.

Signature of Applicant:

..... Date.....

Essential to complete:

Proposer Name (Must be a voting member):	Member No.:
Signature: _____ Name: _____	
Secunder Name ((Must be a voting member):	Member No.:
Signature: _____ Name: _____	

Complete and return the form to the Administration office or email membership@sopyc.com.au If you have any queries about your application form, please contact Membership on 9364 5844 or the above email. Your SoPYC membership is inclusive of Australian Sailing membership. OFFICE USE ONLY

Date Received:	Intake Month:	Effective From Date:
Nomination Fee:		Notes:
Subscription:		
Total:		Receipt Number:
		Receipt Date: