



# MEMBERSHIP APPLICATION

TO THE MEMBERSHIP COMMITTEE OF SOUTH OF PERTH YACHT CLUB (INC.), I DESIRE TO BECOME A MEMBER OF THE SOUTH OF PERTH YACHT CLUB (INC.) AND JOIN AS A:

<input type="checkbox"/> <b>Family</b>	<input type="checkbox"/> <b>Centreboard</b> (over 26 years of age)
<input type="checkbox"/> <b>Ordinary</b> (over 26 years of age)	<input type="checkbox"/> <b>Centreboard</b> (18-26 years of age)
<input type="checkbox"/> <b>Ordinary</b> (18-26 years of age)	<input type="checkbox"/> <b>Introductory Crew</b> (must not have been a previous member)
<input type="checkbox"/> <b>Country</b> (living 100kms outside Metro Area)	<input type="checkbox"/> <b>Crew</b> (must be actively crewing on a vessel)
<input type="checkbox"/> <b>Social</b>	<input type="checkbox"/> <b>Junior</b> (up to 18 years of age)
<input type="checkbox"/> <b>Associate</b> (to Junior, Ordinary or Grand Sponsor Member) 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:	

ADDITIONAL INFORMATION REQUIRED			
MEMBERSHIP HISTORY			
Has membership been refused or terminated by a similar organisation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any other Clubs where membership is held:			
VESSEL INFORMATION			
If you intend to apply for a pen, an Application for Club Facility form requires completion.			
<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"/> Dinghy
<input type="checkbox"/> I currently do not own a boat but intend purchasing a boat in the future			
PARTICIPATION INFORMATION			
Do you hold a current Australian Sailing Number?		<input type="checkbox"/> Yes Australian Sailing No.:	<input type="checkbox"/> No
I am interested in the following section/s (please tick):			
<input type="checkbox"/> Social Events/ Functions	<input type="checkbox"/> Cruising		
<input type="checkbox"/> Stand Up Paddleboarding/ Windsurfing	<input type="checkbox"/> Power/ Time Trialling		
<input type="checkbox"/> Crewing (on a vessel/seeking crew)	<input type="checkbox"/> Keelboat Sailing		
<input type="checkbox"/> Sponsorship / Marketing opportunities	<input type="checkbox"/> Dinghy Sailing		
<input type="checkbox"/> Ocean Racing	<input type="checkbox"/> Junior Sailing		
<input type="checkbox"/> I would like to be contacted for more info on my selected field/s	<input type="checkbox"/> Volunteering		
CREWING INFORMATION (compulsory for Crew membership applications)			
<input type="checkbox"/> I have been invited to join the crew of an existing member			
Vessel Name:		Owner:	
HOW YOU HEARD ABOUT SOPYC			
<input type="checkbox"/> Friend or relative <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (please specify):			

### 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:	
<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:	

#### DECLARATION

*In the event of my election, I 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.*

<b>Signature of Applicant:</b>		<b>Date:</b>
<b>Proposer Name (voting member):</b>	<b>Signature:</b>	<b>Mem No.:</b>
<b>Seconder Name (voting member):</b>	<b>Signature:</b>	<b>Mem No.:</b>

#### PAYMENT METHOD

**Initial membership fees must be paid upfront upon application. Once approved by the Management Committee, membership fees are non-refundable**

<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	
Credit Card Number:	Expiry Date:
Name on Card:	Signature:

**Complete and return the form to the office, email [membership@sopyc.com.au](mailto: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 (formerly Yachting Australia) membership.*

#### OFFICE USE ONLY

Date Received:	Intake Month:	Join Date:	Prov Mem No.:
Nomination Fee:	Notes:		
Subscription:			
Gate Key:	\$63.00	Receipt Number:	
New Member Cocktail Party:	\$69.00 (for you and a guest)	Receipt Date:	
Total:			