



**SOUTH of PERTH  
YACHT CLUB (INC.)**

# 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 26yrs)                                 |
| <input type="checkbox"/> <b>Ordinary</b> (Over 26yrs)                      | <input type="checkbox"/> <b>Centreboard</b> (18-26yrs)                                   |
| <input type="checkbox"/> <b>Ordinary</b> (18-26yrs)                        | <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)                                  |
| <input type="checkbox"/> <b>Associate</b> (To Junior or Ordinary Member)   | <input type="checkbox"/> <b>Grand Sponsor Associate</b> (To Grand Sponsor)               |

Associate to: .....

Associate to:.....

## MEMBERS PERSONAL DETAILS

*\*For those applying for family memberships, this will be the head member*

<b>Title:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mstr <input type="checkbox"/> Other .....		<small>MEMBERSHIP NO. OFFICE USE ONLY</small>	
<b>Surname:</b>		<b>Given Name:</b>	
<b>Known As:</b>		<b>Date of Birth:</b> ..... (Compulsory)	
<b>Residential Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>Postal Address:</b>			
<b>Home Ph:</b>	<b>Work Ph:</b>	<b>Mobile:</b>	<b>Occupation:</b>
<b>Email Address:</b>			

## JUNIOR MEMBERS TO COMPLETE

I certify that the above applicant can swim 50 metres .....(To be signed by Parent or Guardian)

**Parent/Guardian Name:**

**Contact No:**

## FAMILY MEMBERS

*\*Only complete if applying for Family Membership*

### FAMILY ASSOCIATE DETAILS

<b>Title:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mstr <input type="checkbox"/> Other		<small>MEMBERSHIP NO. OFFICE USE ONLY</small>	
<b>Surname:</b>		<b>Given Name:</b>	
<b>Email Address:</b>		<b>Date of Birth:</b> ..... (Compulsory)	

### CHILDREN DETAILS

<b>Surname:</b> .....	<b>Given Name:</b> .....
<b>Title:</b> Mstr <input type="checkbox"/> Miss <input type="checkbox"/>	<b>Date of Birth:</b> ..... (Compulsory)
<small>MEMBERSHIP NO. OFFICE USE ONLY</small>	
<b>Surname:</b> .....	<b>Given Name:</b> .....
<b>Title:</b> Mstr <input type="checkbox"/> Miss <input type="checkbox"/>	<b>Date of Birth:</b> ..... (Compulsory)
<small>MEMBERSHIP NO. OFFICE USE ONLY</small>	
<b>Surname:</b> .....	<b>Given Name:</b> .....
<b>Title:</b> Mstr <input type="checkbox"/> Miss <input type="checkbox"/>	<b>Date of Birth:</b> ..... (Compulsory)
<small>MEMBERSHIP NO. OFFICE USE ONLY</small>	
<b>Surname:</b> .....	<b>Given Name:</b> .....
<b>Title:</b> Mstr <input type="checkbox"/> Miss <input type="checkbox"/>	<b>Date of Birth:</b> ..... (Compulsory)
<small>MEMBERSHIP NO. OFFICE USE ONLY</small>	

## ADDITIONAL INFORMATION REQUIRED

Do you hold a current Australian Sailing Silver Card?  YES  NO Silver Card No.....

Please list any other Clubs where membership is held: .....

Has membership been refused or terminated by a similar organisation?  YES  NO

I currently own a Vessel at date of application TYPE: Power  Sail   
Name of Craft: ..... Model..... Length..... Width:..... Depth:.....

I currently do not own a boat but intend purchasing a boat in the future. TYPE: Power  Sail

I am currently active in sailing and would be keen to participate in the racing activities of the Club.

I have little sailing experience but intend on gaining experience through the Club's training facilities and would like to participate in Club events in the future.

I do not intend to compete in sailing or time trialling.

I wish to obtain a permanent crewing position on a Yacht sailing from SoPYC.

I have been invited to join the crew of an existing member.

Vessel Name: ..... Owner: .....

I have participated in a South of Perth Yacht Club Sailing Academy Course. Course Complete Date / /

## DECLARATION

In the event of my election, I will abide by the Constitution and the Rules 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 subscription fees incurred by me, and in the event of default, any debt collection costs incurred by SoPYC to recover debt.

Signature of Applicant: ..... Date: .....

PROPOSER Name: Signature: Membership No:

SECONDER Name: Signature: Membership No:

## PAYMENT METHOD \*Initial membership fees must be paid upfront on application.

CASH  CHEQUE  CREDIT CARD Expiry Date: .....

Credit Card Number:

Name on Card: ..... Signature: .....

## MONTHLY STATEMENTS

Would you like to receive your monthly statements by email?  YES  NO

Would you like to arrange Direct Debit payment options for your monthly SoPYC account?  YES  NO

*NB: We will send you a direct debit form upon approval of your membership.*

*IF YOU HAVE ANY QUERIES ABOUT YOUR APPLICATION FORM PLEASE CONTACT THE MEMBERSHIP OFFICER ON 9364 5844. BOAT OWNERS (ALL CRAFT INCLUDED) MUST COMPLETE A BOAT REGISTRATION FORM AND APPLICATION FOR CLUB FACILITY FOR SUBMITTING AFTER ACCEPTANCE OF THIS APPLICATION. PLEASE CHECK AT THE OFFICE FOR SUITABILITY OF BOAT FOR INCLUSION ON CLUB REGISTER. YOUR SOPYC CLUB MEMBERSHIP IS INCLUSIVE OF AUSTRALIAN SAILING (FORMERLY YACHTING AUSTRALIA) MEMBERSHIP. ONCE YOUR APPLICATION HAS BEEN APPROVED BY THE MANAGEMENT COMMITTEE, FEES ARE NON REFUNDABLE.*

PLEASE COMPLETE FORM AND RETURN TO:  
SOUTH OF PERTH YACHT CLUB,  
COFFEE POINT, APPLECROSS, WA 6153  
OR EMAIL COPY TO MEMBERSHIP@SOPYC.COM.AU

Coffee Point, Applecross WA 6153  
Tel: 08 9364 5844  
Fax: 08 9364 6185  
www.sopyc.com.au



## OFFICE USE ONLY

UPDATED 22.10.16

INTAKE MONTH: .....  
RECIPT NUMBER: .....  
RECIPT DATE: .....  
PROVISIONAL MEMBERSHIP NO: .....  
JOIN DATE: .....

Nomination Fee:	\$
Subscription:	\$
Gate Key (Non Refundable):	\$
New Member Cocktail Party:	\$ 60.00 (couple)
TOTAL:	\$

NOTES: .....