



APPLICATION FOR CLUB FACILITY WATER PEN

OWNER DETAILS

Please note: All owners registered with the Department of Transport must be listed. A copy of the vessels registration must be submitted with this form. Only one owner will be recognised by the club as the spokesperson for the vessel and the 'allocation' of a bay will be made in their name.

| | | |
|---------------|-------------|----------|
| Surname: | First Name: | Mem No.: |
| Home address: | | RST No.: |
| Home Phone: | Mobile: | |
| Email: | | |

SECOND OWNER DETAILS

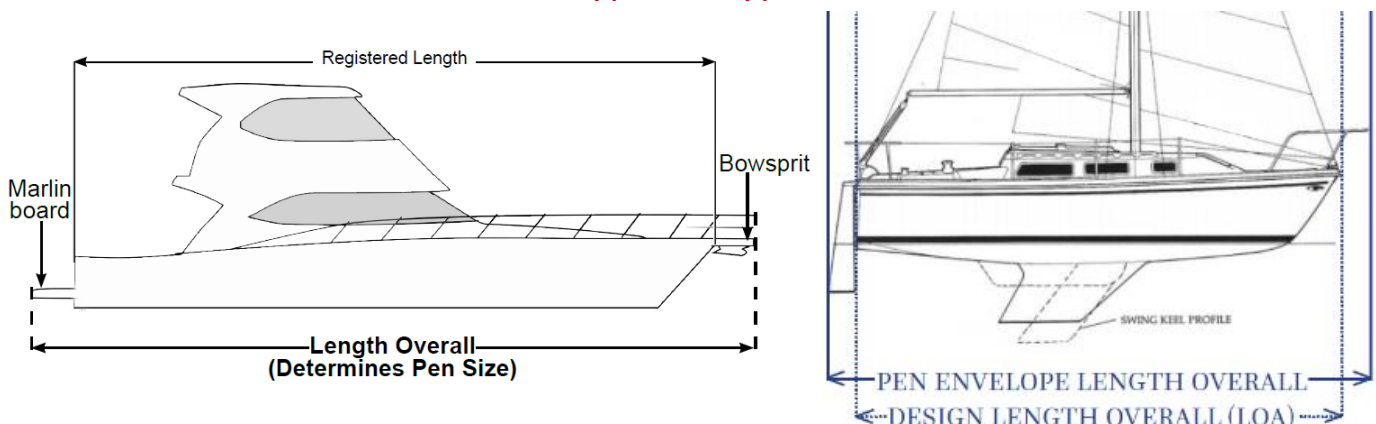
| | | |
|---------------|-------------|----------|
| Surname: | First Name: | Mem No.: |
| Home address: | | RST No.: |
| Home Phone: | Mobile: | |
| Email: | | |

VESSEL DETAILS

| | | | |
|--------------------|---|----------------|-----------|
| Boat name: | <input type="checkbox"/> Power <input type="checkbox"/> Sail | Rego No.: | Sail No.: |
| Make: | Model: | Year Launched: | |
| Current Location: | HIN: | | |
| Hull Construction: | Engine Make: | Fuel: | HP: |

To ensure manoeuvrability and safe accommodation of vessels in the Clubs facilities, pen and vessel size is determined by a vessels length overall (LOA example diagrams below), rather than the registered length.

Should a vessels size be incorrectly provided any pen allocation at the Club will be revoked.



| | | | |
|-----------------|-------|--------|---------|
| Length Overall: | Beam: | Draft: | Weight: |
|-----------------|-------|--------|---------|

INSURANCE

Insurance is mandatory and a Certificate of Currency must be submitted with this application.

| | | |
|----------------|-------------|-----------------------------|
| Insurance Co.: | Policy No.: | Expiry Date: __ / __ / ____ |
|----------------|-------------|-----------------------------|

DECLARATION

The Allocation Criteria grants facilities to members on the waitlist based on vessel size, participation and service to the Club. Please complete the following declaration to indicate your involvement with the Club.

I / we intend to become / remain an active member of South of Perth Yacht Club and I / we will participate in the following ways:

ON WATER

| | |
|--|--|
| <input type="checkbox"/> Saturday Sailing (Keelboat) | <input type="checkbox"/> Cruising Section Events |
| <input type="checkbox"/> Wednesday Afternoon Sailing | <input type="checkbox"/> Time Trialling |
| <input type="checkbox"/> Twilight Sailing | <input type="checkbox"/> Winter Series |
| <input type="checkbox"/> Other (details): | |

Please advise any prior involvement in on water evens at the Club:

SERVICE

| | |
|---|---|
| <input type="checkbox"/> Checkpoint / Rescue Duty | <input type="checkbox"/> Start Team |
| <input type="checkbox"/> Crewing on Support Boat | <input type="checkbox"/> Sailability |
| <input type="checkbox"/> Mark Laying | <input type="checkbox"/> Section / Committee Member (Committee / Section) |

Please list any previous, current or intended Committee Positions:

SPONSORSHIP

| | |
|---|--|
| <input type="checkbox"/> Grand Sponsor Scheme Company: | <input type="checkbox"/> Event Sponsorship Details: |
| <input type="checkbox"/> Donations Details: | |

FACILITIES

| | |
|---|--|
| <input type="checkbox"/> Regular use of restaurant and bar | <input type="checkbox"/> Use of fuel facilities |
| <input type="checkbox"/> Club functions (i.e. Melbourne Cup, Commodores Ball) | <input type="checkbox"/> Boat lifting facilities |

ACKNOWLEDGEMENT

I hereby acknowledge that the above particulars are true in every respect and I understand that if any of the particulars herein should change I will notify the Club forthwith.

I further acknowledge that as a first time pen holder, a non-refundable pen entry fee will apply and be equivalent to 1 times the annual rental based on the length overall of the vessel allocated a pen. Should a larger pen be allocated to a member who has already paid a pen entry fee, a fee equal to the difference between the first ingoing fee and the applicable new ingoing fee shall be paid.

I am aware that the allocation of a Club facility is dependent on my continual active Club participation and agree to be bound by the Club's Rules and Regulations relating to this application.

| | | | |
|------------|-------|------------|-------|
| Signature: | | Signature: | |
| Mem No.: | Date: | Mem No.: | Date: |

OFFICE USE ONLY

| | | |
|----------------|---------|--------|
| Date Received: | Joined: | Notes: |
|----------------|---------|--------|