



# 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 yrs)
<input type="checkbox"/> <b>Ordinary</b> (over 26 yrs)	<input type="checkbox"/> <b>Centreboard</b> (18-26 yrs)
<input type="checkbox"/> <b>Ordinary</b> (18-26 yrs)	<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 yrs)
<input type="checkbox"/> <b>Associate</b> (to Junior, Ordinary or Grand Sponsor Member) Associate to: .....	<input type="checkbox"/> <b>Services</b>

MEMBERS PERSONAL DETAILS			
<i>For those applying for Family Membership, this will be the 'head' member.</i>			
<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:	

FAMILY MEMBERS			
<i>Only complete this section if you are applying for Family Membership.</i>			
FAMILY ASSOCIATE DETAILS			
<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:	
Email:		Date of Birth: ___ / ___ / ___ (compulsory)	
CHILDREN DETAILS			
<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:	

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				
<input type="checkbox"/> I currently own a Vessel at date of application	Length:	Beam:	Draft:	<input type="checkbox"/> Power <input type="checkbox"/> Sail
Vessel Name:		Model:		
<input type="checkbox"/> I currently do not own a boat but intend purchasing a boat in the future				<input type="checkbox"/> Power <input type="checkbox"/> Sail
PARTICIPATION INFORMATION				
Do you hold a current Australian Sailing Silver Card?		<input type="checkbox"/> Yes Silver Card No.:	<input type="checkbox"/> No	
<input type="checkbox"/> I am currently active in sailing and would be keen to participate in the racing activities of the Club.				
<input type="checkbox"/> 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.				
<input type="checkbox"/> I do not intend to compete in sailing or time trialling.				
<input type="checkbox"/> I have participated in a SoPYC Sailing Academy Course		Course Completion Date: ___ / ___ / ___		
CREWING INFORMATION				
<input type="checkbox"/> I wish to obtain a permanent crewing position on a Yacht sailing from SoPYC.				
<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:				

DECLARATION		
<i>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.</i>		
Signature of Applicant:		Date:
Proposer Name:	Signature:	Mem No.:
Seconder Name:	Signature:	Mem No.:

PAYMENT METHOD	
<i>Initial membership fees must be paid upfront on application.</i>	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	Expiry Date:
Credit Card Number:	
Name on Card:	Signature:

**Complete and return form to [membership@sopyc.com.au](mailto:membership@sopyc.com.au) or South of Perth Yacht Club, Coffee Point, APPLECROSS WA 6153.**

*If you have any queries about your application form please contact the Membership Officer on 9364 5844. Boat owners must complete an application for club facility form for submission after the acceptance of this application. Please check at the office for suitability of boat. Your SoPYC membership is inclusive of Australian Sailing (formerly Yachting Australia) membership. Once your application has been approved by the Management Committee, fees are non-refundable.*

OFFICE USE ONLY			
Date Received:		Intake Month:	Prov Mem No.:
Nomination Fee:		Notes:	
Subscription:			
Gate Key:	\$55.00		
New Member Cocktail Party:	\$60.00	Receipt Number:	
Total:		Receipt Date:	
Account Balance:	Finance Manager Check:		Joined Date:
Approval:	Approval:		