



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

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:	

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:	
Email:	Date of Birth: ___ / ___ / ___ (compulsory)	
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:	

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:	<input type="checkbox"/> Power
			<input type="checkbox"/> Sail
<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 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):			

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.

Signature of Applicant:

Date:

Proposer Name (voting member):

Signature:

Mem No.:

Seconder Name (voting member):

Signature:

Mem No.:

PAYMENT METHOD

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

 Cash Cheque Credit Card

Credit Card Number:

Expiry Date:

Name on Card:

Signature:

Complete and return the form to the office, email membership@sopyc.com.au

If you have any queries about your application form please contact Ashleigh (Membership Coordinator) 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:	\$55.00		
New Member Cocktail Party:	\$60.00 (for you and a guest)	Receipt Number:	
Total:		Receipt Date:	