



APPLICATION FOR JUNIOR COURSE MEMBERSHIP

APPLICANT DETAILS PLEASE PRINT IN BLOCK LETTERS

Miss/Master/Ms/Mr	Date of Birth: _____ / _____ / _____
Surname: _____	First Name: _____
Second Name(s): _____	Preferred Name: _____
Address (Residential): _____	Postcode: _____
Address (Postal): _____	Postcode: _____
Telephone: (Home) _____ (Mobile) _____	
Email Address: _____	
School: _____	

MOTHER/GUARDIAN DETAILS PLEASE PRINT IN BLOCK LETTERS

Mrs/Mr/Ms/Dr/Other: _____	Date of Birth: _____ / _____ / _____
Surname: _____	First Name: _____
Address (Residential): _____	Postcode: _____
Telephone: (Home) _____ (Mobile) _____	
Email Address: _____	

FATHER/GUARDIAN DETAILS PLEASE PRINT IN BLOCK LETTERS

Mrs/Mr/Ms/Dr/Other: _____	Date of Birth: _____ / _____ / _____
Surname: _____	First Name: _____
Address (Residential): _____	Postcode: _____
Telephone: (Home) _____ (Mobile) _____	
Email Address: _____	

VESSEL DETAILS IF APPLICABLE

Skipper/Helmsperson <input type="checkbox"/> Crew <input type="checkbox"/>	Storage required (<i>Subject to availability</i>): Yes <input type="checkbox"/> No <input type="checkbox"/>
Vessel Name: _____	
Class: _____	Sail N ^o : _____
Boat owners (all craft included) must complete a Boat Registration Form and Application for Club Facility Form for submitting after acceptance of this application.	
Please check at the office for suitability of boat for inclusion on the Club Register.	



SOUTH of PERTH YACHT CLUB (Inc.)

DECLARATION

Any other Clubs in which Membership is held: _____

Has Membership been refused in a similar organisation? No Yes If yes, where: _____

Has Membership been terminated by any other Club? No Yes If yes, where: _____

Are you an existing Yachting Australia Silver Card holder? No Yes If yes, please state number: _____

In the event of my membership application being accepted, I will abide by the Rules of the South of Perth Yacht Club and any regulations for the time being in force.

Signature of Applicant: _____ Signature of Parent/Guardian: _____

I certify that the applicant can swim 50 metres.

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____

PLEASE NOTE: Applications will only be accepted with a signature from the Training Coordinator.

Training Coordinator: _____ Date: _____

Course Name: _____ Course Date: _____

Applications can only be proposed and seconded by financial members of the following categories: Ordinary, Family, Centreboard, Honorary Life, 60-Year Honorary and Country. *(Please see Office for assistance).*

Proposer: Name: _____ Membership N^o: _____

Seconder Name: _____ Membership N^o: _____

OFFICE USE ONLY - MEMBERSHIP SECRETARY

Membership N^o: _____ Proposer Membership Status Verified Seconder Membership Status Verified

Posted to Board : _____ Date: _____

Board of Management approval: _____ Date: _____

Membership effective from: _____ Date: _____

PAYMENT:

	Amount Due \$	Amount Paid \$	Date Processed: _____
Subscription	N/A	N/A	
TOTAL	N/A	N/A	Over/Under Paid: N/A

Comments: _____