



Yarra Bay 16ft Skiff Sailing Club Limited

Tel: (02) 9311 2592
P.O. Box 198
Matraville NSW 2036
Email: info@yarrabaysailingclub.com.au

ABN 72 000 583 693
FOUNDED 1927

MEMBERSHIP **APPLICATION**

SURNAME: _____ (Mr Dr Mrs Miss Ms Jnr) Please Circle

GIVEN NAMES: _____ DATE OF APPLICATION: _____

ADDRESS: _____
(Residential)

Suburb: _____ Post Code: _____

POSTAL ADDRESS:(if different from residential) _____

EMAIL ADDRESS: _____

PHONE NO: (H) _____ Date of Birth: _____

(W) _____ OCCUPATON: _____

(M) _____ PENSION NO: _____

MEMBER OF OTHER CLUBS: _____

To the Directors,
I hereby apply for election as a member of the Yarra Bay 16ft Skiff Sailing Club Ltd. I declare that I have attained the age of 18 years and the stated date of birth is correct. If elected, I agree to abide by the Articles of Association and Rules of the Club.

SIGNATURE: _____

SUBSCRIPTION: ORDINARY MEMBER \$10, AGED PENSIONER \$5, JUNIOR SAILOR \$5 incl GST

SUBSCRIPTION PAYABLE ON LODGEMENT OF THIS FORM.

MEMBERSHIP YEAR 1st July to 30th June

Card No Issued: _____ Member ID: _____ Amount paid: \$10.00 / \$5.00

Staff Sign: _____ Date Issued: _____ Register: _____