

MEMBERSHIP APPLICATION



Membership Category Applying for:

- Family \$1,324 Senior \$1,016 Associate \$444 Crew \$444 Intermediate \$298 Country \$393

Junior – if applying for individual Junior Membership, please complete the Junior Membership Application form

No vessel belonging to more than one owner shall be placed on the Squadron property or Squadron Register unless each and every part-owner of the vessel is a Senior Member or part of a Family Membership.

RSAYS LIMITED MEMBERSHIP

An application for Senior, Family or Intermediate Membership can also include membership of RSAYS Ltd.

Do you wish to apply for RSAYS Ltd Membership? Yes No

We welcome your application to join RSAYS. What attracted you to RSAYS membership?

- Racing One Design Women on Water Juniors
 Cruising Social Facilities

Applicant Details

Title Mr Mrs Miss Ms Dr Prof Other (specify)

First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Postal Address No _____ Street _____

Suburb _____ State _____ Post Code _____

Residential Address No _____ Street _____

Suburb _____ State _____ Post Code _____

Please tick box next to any numbers/email below that are SILENT or NOT FOR PUBLICATION in the RSAYS Year Book

Email Address _____

Mobile _____ Home Phone _____

Business No _____ Do you have an AS Card? YES (AS No _____) NO

Driver's Licence No _____

Occupation _____ Employer _____

Emergency Contact Name _____ Emergency Contact Phone _____

Vessel Name _____ Vessel Location _____

Launching Permit Required – payment of \$363 for members where trailer able vessels are stored offsite and membership with no boating rights YES NO

Tractor Key Required – each key there is a \$10 charge (non-refundable) YES NO

Applicant Partner's Details (if applicable)

Title Mr Mrs Miss Ms Dr Prof Other (specify)

First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Postal Address No _____ Street _____

Suburb _____ State _____ Post Code _____

Please tick box next to any numbers/email below that are SILENT or NOT FOR PUBLICATION in the RSAYS Year Book

Email Address _____

Mobile _____ Home Phone _____

Business No _____ Do you have an AS Card? YES (AS No _____) NO

Additional Information for Family Membership ONLY

I/we also understand that once my/our children reach the age of 19 years their membership will automatically be transferred to Intermediate Membership. Once they reach the age of 24 years their Intermediate Membership will automatically transfer to Senior Membership. I also understand as per the condition of my Family Membership all associates of this membership reside at the same residential address as the Account Master.

Name of child U/19 _____ DOB _____ Female Male

Name of child U/19 _____ DOB _____ Female Male

Name of child U/19 _____ DOB _____ Female Male

Name of child U/19 _____ DOB _____ Female Male

Do you have any expertise or opportunities which you believe may benefit the Club and which are you prepared to share?

How did you hear about the Royal South Australian Yacht Squadron?

Advertising Discover Sailing Days RSAYS Member Social Media other (please describe below)

I/we hereby apply for membership of the Royal South Australian Yacht Squadron Inc. and if elected I/we agree to be governed by the Club's Constitution, By-Laws and Policies and declare that the foregoing information is true and correct in every particular.

I/we agree that my membership is ongoing until I/we send written notification to the General Manager of my resignation. I/we shall still be liable to the Royal South Australian Yacht Squadron for subscriptions, fees and debts owing to the Squadron. I/we are liable for any debts incurred to recover monies owing including debt collection fees, court cost and other legal associated fees.

Statements/correspondence are sent via email (on occasion alternative delivery methods are utilised), unless otherwise requested.

Signature of Applicant _____ Date _____

Membership Application Continued



DECLARATION BY PROPOSER

I recommend

and have great pleasure in acting as Proposer on this application for membership of RSAYS

Proposer

I have known the proposed member for years

Signature

Membership Category

Member Number

DECLARATION BY SECONDER

I recommend

and have great pleasure in acting as Proposer on this application for membership of RSAYS

Proposer

I have known the proposed member for years

Signature

Membership Category

Member Number

Note: Proposer and Seconder must both be Financial Voting Members of the Squadron

