MEMBERSHIP APPLICATION



Membeship Categroy Applying for:

Family \$1,324 Senior \$1,016

Associate \$444

Crew \$444 Intermediate \$298

Country \$393

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

		o more than on sel is a Senior M					or Squadron I	Register unles	ss each and every	
An applica					can also ir No	nclude member	ship of RSAYS	Ltd.		
We welcor	ne your app	lication to join	RSAYS. Wh	at attracted yo	u to RSAY	S membership?				
Racin	g	0	ne Design		Womer	n on Water	Junio	rs		
Cruising		Social			Facilities					
Applicant	Details									
Mr	Mrs	Miss	Ms	Dr	Prof	Other (Please Spec	ify)			
First Name	:				Middle Name(s)					
Last Name	<u></u>				Da	ate of Birth				
Postal Ad	dress	No	Street .							
		Suburb					State	Post	code	
Residential Address (if different from above)		No	Street							
		Suburb					. State	Post	code	
Pleas	e tick the bo	ox next to any	numbers/e	emails below t	hat are SII	LENT or NOT FC	R PUBLICATION	ON in the RSA	NYS Year Book	
Email	Addresses									
Mobile Ph Home Ph					Business Ph					
Australian Sailing No (if applicable)					Drive	ers Licence No				
Occupatio	on				Emp	loyer				
Emergency Contact Name				Emergency Contact Phone						
Vessel Nar	me				Vess	el Location				
_		uired – paymei ailer able vesse		d offsite and m	nembershi	p with no boati	ng rights	Yes	No	
		- each key ther				Yes	No			

Applicant Pa	irtner's De	etails (if applic	able)							
Mr	Mrs	Miss	Ms	Dr	Prof	Other (Please Spec	ify)			
First Name				•••••	. Middle Nam	e(s)				
Last Name					. Date of B	irth				
Postal Addre	ess	No	Street							
		Suburb					State	Postco	ode	
Please	tick the b	ox next to an	y numbers/e	mails belo	w that are SIL	ENT or NOT FC	OR PUBLICATIO	N in the RSA	YS Year Book	
Email <i>A</i>	ddresses _.									
Mobile	Ph			Home Ph			Business	Business Ph		
Australian S	Sailing No	(if applicable)								
Additional I	nformatio	n for Family N	1embershin	ONLY						
I/we also und Intermediate Membership	derstand t Members J. I also und	hat once my/c ship. Once the	our children r y reach the a er the conditi	reach the a age of 24 ye	ears their Interi	mediate Memb	hip will autom ership will auto etes of this men	omatically tra	nsfer to Senior	
Name of chil	d U/19					DOB	······································	Female	Male	
Name of chil	d U/19					DOB		Female	Male	
Name of chil	d U/19					DOB		Female	Male	
Name of chil	d U/19					DOB		Female	Male	
Do you have	any expe	rtise or opport	unities whic	h you belie	eve may benefi	t the Club and	which are you	prepared to s	hare?	
How did you	hear abo	ut the Royal So	outh Australi	an Yacht So	quadron?					
Advert	ising	Disco	ver Sailing Da	ays	RSAYS Memb	er S	Social Media	C	ther	
							l if elected I/we		governed by the cular.	
still be liable	to the Roy	yal South Aust	ralian Yacht :	Squadron f	for subscription	ns, fees and del	neral Manager bts owing to th t and other lega	ie Squadron. I		
Statements/	correspon	dence are sen	t via email (o	n occasion	alternative de	livery methods	s are utilised), u	ınless otherw	ise requested.	
Signature of	Applicant					Date				

Membership Application Continued



DECLARATION BY PROPOSER

Trecommend
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
Membership Number
DECLARATION BY SECONDER
Trecommend
and have great pleasure in acting as Seconder on this application for membership of RSAYS
Seconder
I have known the proposed member foryears
Signature
Membership Category
Membership Category Membership Number

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

Royal South Australian Yacht Squadron

Email: rsays@rsays.com.au Phone: (08) 8341 8600 Web: www.rsays.com.au