

# MEMBER TRANSFER FORM

ROYAL SOUTH AUSTRALIAN  
YACHT SQUADRON



## Current Membership Category:

Senior    Family    Associate    Crew    Intermediate    Country    Junior    Other (specify) .....

## Membership Category wishing to transfer to:

Senior    Family    Associate    Crew    Intermediate    Country

### Note:

A Crew Member can transfer to Senior, Family, Associate, Country or Intermediate

An Associate Member can transfer to Senior, Family or Country

A Family Membership can transfer to individual Senior Membership or Associate where no vessel/berth licence is involved A Senior Member can transfer to Family or Associate where no vessel/berth licence is involved

Transfers **TO Family Membership** – Addition of Family Members New to RSAYS (Partner and/or Juniors that form part of the Family Membership), require a New Membership Application Form for approval

Do you store your Vessel or own Berth Licence at Squadron?    Yes    No    If yes, what is the location number? .....

Do you have any Locker storage at the Squadron?    Yes    No    If yes, what is the storage number? .....

## Member Details (Account Master)

Member No .....

First Name ..... Middle Name(s) .....

Last Name ..... Date of Birth .....

Residential Address    No ..... Street .....

Suburb ..... State ..... Postcode .....

## ADDITIONAL INFORMATION "CURRENT" FAMILY MEMBERSHIP ONLY

### (Family) Member Partner's Details

Membership No .....

Full Name ..... Email Address .....

DOB ..... Mobile Ph ..... Home Ph .....

**(Family) Member Junior Details:** 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/18 ..... DOB ..... Male    Female

Name of child U/18 ..... DOB ..... Male    Female

Name of child U/18 ..... DOB ..... Male    Female

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

I/We agree that, when my/our membership ceases, I/We shall still be liable to the Royal SA Yacht Squadron for subscriptions, fees and debts owing to the Squadron. I/We are liable for any debts incurred to recover mon ies owing including debt collection fees, court cost and other legal associated fees.

Signature of Member (Account Master) ..... Date .....

Please return this form to the Squadron Office for further processing

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