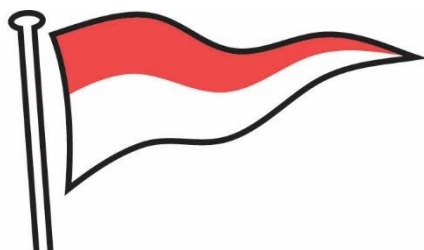


# APPLICATION FOR MEMBERSHIP



BLAIRGOWRIE YACHT SQUADRON

# BLAIRGOWRIE YACHT SQUADRON INC.

Reg No. A0023156G ABN No. 64 825 467 219

## APPLICATION FOR MEMBERSHIP

### Applicant's Details

Surname	_____	Given names	_____	
Date of Birth	_____	Preferred name	_____	
Home Address	_____		Postcode	_____
Peninsula Address	_____		Postcode	_____
Phone numbers:				
Home	_____	Business	_____	
Peninsula	_____	Mobile	_____	
Email address	_____			
Occupation	_____			

### Membership Category (please tick)

**Note:** Berth owners must be Senior Members

Senior (Restrictions apply)	<input type="checkbox"/>	Crew (Restrictions apply)	<input type="checkbox"/>
Student (aged 18 – 24 years, and in full time study)	<input type="checkbox"/>	Junior (under 18 years of age)	<input type="checkbox"/>
Family Subscription	<input type="checkbox"/>	Social	<input type="checkbox"/>

### Boat Owner (please tick)

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please provide details requested at the end of this application form.
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### Applicant Partner's Details (complete only if partner is joining)

Surname	_____	Given names	_____
Date of Birth	_____	Preferred name	_____
Phone numbers:			
Home	_____	Business	_____
Peninsula	_____	Mobile	_____
Email address	_____		
Occupation	_____		
<b>Membership Type</b> (please tick)			
Subsequent Senior	<input type="checkbox"/>	Crew (Restrictions apply)	<input type="checkbox"/>
(living at same address as Senior Member)		Social	<input type="checkbox"/>

**Student's / Junior's Details** (complete only if joining)

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Date of birth \_\_\_\_\_

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Date of birth \_\_\_\_\_

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Date of birth \_\_\_\_\_

**Member of another yacht club** (please tick)Current ☐ Previous ☐ No ☐

Name of yacht club \_\_\_\_\_

Yachting Australia No \_\_\_\_\_

Nominated Home Club: \_\_\_\_\_

Have you ever been refused membership at another club? Yes ☐ No ☐Have you ever had your membership at another club cancelled? Yes ☐ No ☐**To be signed by the applicant**

If admitted to membership, I agree to be bound by, observe and abide by the Rules and by-laws of Blairgowrie Yacht Squadron Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**To be signed by parent/guardian of children under 18 years of age**

I undertake to exercise all due and reasonable parental control over the Junior Members named on this application and to instruct him/her in the Rules of the Squadron and I acknowledge and agree to hold harmless the Club and its Members from all actions, suits, claims and demands arising by reason of any action on the part of such Junior Members.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Membership invoices will be issued after election to BYS by the Executive Committee

**To be completed by Proposer and Seconder if Available** (Note: Proposer and Seconder must be Senior Members and have been Members of BYS for at least 12 months)

Name of Proposer \_\_\_\_\_ Signature \_\_\_\_\_

Proposer's phone numbers:

Home \_\_\_\_\_ Mobile \_\_\_\_\_

Name of Seconder \_\_\_\_\_ Signature \_\_\_\_\_

Seconder's phone numbers:

Home \_\_\_\_\_ Mobile \_\_\_\_\_

# BLAIRGOWRIE YACHT SQUADRON INC.

## Induction / presentation attendance

Prospective Senior, Student and Crew Members (including those as part of a Family membership application) are required to attend an informal induction and presentation with members of the Executive and/or Membership Committee. Junior Members are welcome to attend. Inductions are conducted on a group basis with other prospective members.

You will be contacted to confirm an Induction date.

Membership applications cannot be considered before an induction with the Executive and/or Membership Committee.

## Boat Details

Name \_\_\_\_\_

Sail prefix \_\_\_\_\_

Sail number: \_\_\_\_\_

Class \_\_\_\_\_

Type (please circle)

KB / OTB / PB

Skipper's name \_\_\_\_\_

## Boat Details

Name \_\_\_\_\_

Sail prefix \_\_\_\_\_

Sail number: \_\_\_\_\_

Class \_\_\_\_\_

Type (please circle)

KB / OTB / PB

Skipper's name: \_\_\_\_\_

Note: KB = Keel boat or trailable yacht, OTB = Off-the-beach yacht, PB = Power boat

## Certificates/Licences

Boat Operator Licence ☐ Yes ☐ No Lic. Number:.....expiry date...../...../.....

Marine Radio Operator ☐ Yes ☐ No Lic. Number:.....expiry date...../...../.....

First Aid ☐ Yes ☐ No If yes – list level.....

### Working with Children Check

☐ Yes ☐ No Card Number:.....expiry date...../...../.....

Yachting Qualifications/Training (e.g. Yachting Victoria Instructor):

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