



CLAREMONT YACHT CLUB (INC)

PO Box 11 Claremont WA 6910 Telephone: (08) 9384 8226

Web: www.claremontyachtclub.org.au Email: membership@claremontyachtclub.org.au

CYC Associate Memberships Application

Please print clearly and tick boxes provided where applicable

Title _____ Surname _____ Given Names _____ Preferred Name _____ D.O.B. _____

Home Address: _____

Postal Address: _____

(If different to home address)

- Membership Category:**
- Associate Social Associate Partner
- Associate Crew Associate Reciprocal Junior Under 15yrs Junior 15-17yrs
- Just Friends Inc. Lions CCGS Old Boys Association Nor-West Game Fishing Club

Applicant's Mobile #		Name of Employer	
Home or Business #:		Position Title	
Email:		<i>or</i>	
Next of Kin:		Self Employed	
NOK Mobile #:		Type of Business	
Email:			

Redeemable House Support Scheme Credits for Crew Members:

As part of a Crew Membership, In-House Support Scheme Credits are debited to Members accounts as outlined below:

- \$130 is charged every six months (July & January)

Trophy Collections

All Senior and Dinghy 18+ Members have their accounts debited \$11.00 per annum for a Trophy Levy.
The Trophy levy for Junior Members is \$5.50 per annum.

Rescue Boat Donation

Annual Contribution to Rescue Boat Donation \$5.00 Yes No

DECLARATION:

I declare that all the information I have provided is true and correct. In the event of my formal election to Membership, I will support the objectives of the Club, abide by the Constitution and the Rules of The Claremont Yacht Club (Inc.) and any regulations for the time being in force. I acknowledge that I am liable for all unpaid fees and charges incurred by me, and in the event of default, any debt collection costs incurred by CYC to recover that debt.

I agree to my name, as an applicant for Membership, being posted on the Club's Members' Notice Board.

Date: ____/____/____

Signature of Applicant: _____

FINANCIAL AUTHORITIES

Membership Fee Authority

Credit Card Cheque Cash

I hereby authorise Claremont Yacht Club (Inc) to debit my credit account with the sum of \$_____

Visa MasterCard

Card #

Expiry Date: _____ / _____ CVV (3 digit number on back of card): _____

Cardholder's Name: _____ Cardholder's Signature: _____

Credit Card Monthly Authority - Optional:

For your convenience, Claremont Yacht Club (Inc) can charge your monthly invoice/statement balance to a nominated credit card. The amount will be debited to your credit account on or around the 14th day of the following month.

You will receive the previous month's statement prior to the processing of the payment.

You are welcome to cancel this arrangement at any time by simply contacting the Office in writing.

Please complete the following section if you would like the Club to process your monthly payment to your nominated Credit Card.

I _____ hereby authorise Claremont Yacht Club (Inc) to debit my credit card account on or around the 14th of each month, with the total amount outstanding on my Club Statement Account.

This Authority will commence on the **14** / _____ / _____ and remain in force until cancelled by me.

Visa MasterCard

Card #

Expiry Date: _____ / _____ CVV (3 digit number on back of card): _____

Cardholder's Name: _____ Cardholder's Signature: _____

OFFICE USE ONLY			
Date Application Received:		Membership Fee Paid:	\$
Monthly Authority:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes:			