CLAREMONT YACHT CLUB (INC)

4 Victoria Ave, Claremont 6010 Telephone: (08) 9384 8226
Web: www.claremontyachtclub.org.au Email: membership@claremontyachtclub.org.au

CYC Affiliated Associate Membership Application

_____ _____ _____
Surname **Given/Preferred Name** **D.O.B.**

Home/Postal Address: _____

Email: _____ **MB** _____

Affiliated Association:

☐ **CCGS Old Boys Association** ☐ **Lions** ☐ **Nor-West Game Fishing Club**

☐ **Just Friends Inc.** ☐ **Perth Game Fishing Club**

Date Joined Your Association		**Membership/Badge # *(if applicable)***	

OPTIONAL: $500 CYC ACCOUNT CREDIT

If you would like a $500 CYC account credit, please complete your Credit Card details below.
Any amounts on your account will be processed on the 14th of each month.
You will receive a statement prior, on or around 1st of each month to enable you to view your account.
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.

Card # _____ / _____ / _____ / _____ Exp _____/_____ CVV _____

Name on Card _____ Signature _____

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:** _____

OFFICE USE ONLY	
Date Application Received:	
Date Processed:	
Card Issued *(if applicable)*	☐ **Yes** ☐ **No**