CLAREMONT YACHT CLUB (INC)

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

CYC Associate Membership Application

$117 ***(per financial year-not pro-rated)***

Please print clearly and tick boxes provided where applicable

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

Home/Postal Address: _____

Membership Category:
☐ **Associate Social** ☐ **Associate Partner** ☐ **Associate Crew**
☐ **Associate Reciprocal** ☐ **Junior 15-17yrs** ☐ **Junior Under 15yrs**

Applicant's Mobile #		**Name of Employer**	
Home or Business #:		**Position Title**	
Email:			
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:

- $150 is charged every six months (July & January)

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 $_____

Card # _____ / _____ / _____ / _____

Expiry Date: _____ / _____ CVV _____

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

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 _____

OFFICE USE ONLY			
Date Application Received:		**Membership Fee Paid:**	**$**
Monthly Authority:	☐ **Yes** ☐ **No**		
Notes:			