



GARDEN ISLAND YACHT CLUB INC.

Postal address: PO Box 1531, Port Adelaide SA 5015

Telephone: 0493-597-604

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Website: www.gardenislandyc.com

PARTNER MEMBERSHIP APPLICATION

Open to persons over 18 years of age. No voting rights at meetings. They are not entitled to be elected to the Clubs Committee. They are entitled to hold a key to the Club and bring in visitors.

Submitting this form does not guarantee, nor entitle, a person to membership.

First Name: _____ Surname: _____

Date of Birth: _____

Postal Address: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email Address: _____

Emergency contact name: _____ Phone: _____

Full Member's Name: _____ Phone: _____

Newsletter & Club Billing preferred email: _____

MEMBERSHIP IS SUBJECT TO A PROBATIONARY PERIOD OF TWELVE MONTHS.

- 1) I agree to abide by the Club's Constitution and By-Laws as they are in force and amended from time to time.
- 2) I acknowledge that Section 4 Para 6a of the Club's Constitution requires notice of nomination and approval by the Committee to the ordinary member. Following my nomination form being placed on display to the membership, should any objection be raised I understand that my membership application may be rejected.

Signed Witness (Committee Member)

OFFICE USE ONLY	DATE
Application Received	/ /
Approved by Committee	/ /
Treasurer invoice	/ /
Membership Database	/ /
Welcome Aboard Letter	/ /
Gate tag issued	/ /