



GARDEN ISLAND YACHT CLUB INC.

Postal address: PO Box 1531, Port Adelaide SA 5015

Email: secretary@gardenislandyc.com

FULL MEMBERSHIP APPLICATION

Open to persons over 18 years of age. Full use of facilities of the Club. Full voting rights at meetings. Any person who owns a boat and wishes to use the Club facilities must be a full member.

PLEASE COMPLETE APPLICATION IN CAPITALS, IN FULL and CLEARLY TO AVOID DELAY IN PROCESSING

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

Prior to joining an interview for acceptability shall take place.

First Name:

Surname:

Date of Birth:

Postal Address:

Home Phone:

Mobile Phone:

Work Phone:

Email Address:

Newsletter & Club billing preferred delivery

Email

Emergency contact name:

Phone:

Boating Experience:

Current or Previous Club name:

Recommended by:

Please submit a 'Application For Boat Approval Form', if you wish to bring a boat to the Club

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	/ /
Interviewed	/ /
Approved by Committee	/ /
Treasurer - invoice	/ /
Membership Database	/ /
Welcome Aboard Letter	/ /
Gate Tag issued	/ /