******Cruising Yacht Club of South Australia**

**Lady Gowrie Drive, North Haven SA 5018**  
**08 8248 4222** | [reception@cycsa.com.au](mailto:reception@cycsa.com.au)

**RAMP**

***Application Form***

Mr/Mrs/Ms

Surname Christian names

D.O.B

Address

Postal Address (if different from above)

Mobile Phone (business hours)

Email

Occupation

Signature Date

I apply for membership of the Cruising Yacht Club of SA Inc (CYCSA) and undertake, if elected, to be governed by the Club’s Constitution and observe those rules and regulations. I declare that the information I have provided is true and correct.

Credit Card Number Expiry Date

Trailer Registration Number

Car Registration Number/s /

Boat Registration Number

***Fee Paid***

***Centrelink Number***

***Permit Number/s***

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| --- | --- |
| FM-078 Application for RAMP | Issue Date: 26/9/21 |