

Application for Membership

Membership category being applied for: Senior Membership General Racing

Int Level 1 Associate Associate Youth Port Vincent

Applicant

Applicant's courtesy title: Mr Mrs Ms Miss Dr Prof Other (specify)

Given Names: _____ Surname: _____

Address (home): _____

Address to send mail: _____

Phone (home): _____ Mobile: _____

Date of Birth: _____ Email: _____

Emergency Contact Name: _____ Mobile: _____

Occupation: _____ Employers Name: _____

Have you ever been convicted of a criminal offence which has resulted in a custodial sentence of 2 years or more? (*Constitution and Rules clause 12.1.3*)

Yes No

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.

Signature of Applicant: _____ Date: _____

In Support of the Applicant (Applicant can submit either Proposer/Seconder or References – Option A or option B – both are not required)

Option A – Proposer/Seconder (must be Senior Members of CYCSA)

We recommend the above named applicant for election as a member of the CYCSA. The applicant is personally known to us and we can vouch that the applicant is a fit and proper person for membership.

Below is a brief introduction of the new Member from the Proposer (eg. how long you have known the new member, in what capacity do you know the new Member is it personal or professional?):

Name of Proposer: _____ Signed by Proposer: _____ Date: _____

Name of Seconder: _____ Signed by Seconder: _____ Date: _____

Option B – References (References can be provided if the applicant is unable to provide Club Members as proposer/seconder)

I submit two original written references on letterhead to support my application. References are attached to this application.

Name of Referee 1: _____ Signed by Referee 1: _____ Date: _____

Name of Referee 2: _____ Signed by Referee 2: _____ Date: _____

Administration follow up – Referee 1 _____ Referee 2 _____

Boating Experience (Supplied by applicant)

Have you completed any Marine Academy courses here at the CYC?:

Name of Vessel (if applicable): Registration No. Sail No.

Berth Requirements (if applicable):

Club Interests: Fishing Racing Cruising Marine Academy Social

Other Clubs/Organisations

Presently belong: Previously belonged:

Australian Sailing Number:

CYCSA Introduction (How did you find out about the Club)

Member introduction Advertising Open Day Website Other (specify)

Associate Membership (Complete only if applying for Associate Membership)

Name of Spouse/Partner: D.O.B:

Payment of Fees

I authorize the CYCSA to debit my Visa Mastercard credit card for: \$

Exp Date:

Name on Card (please print): Signature:

Privacy Statement from CYCSA

The CYCSA is subject to the provisions of the *Privacy Act 1988*. The personal information provided by you on this application form will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have a right to access and correct any of your personal information that the Club holds about you at any time.

The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep your personal information confidential and secure.

Your personal information, including information about you obtained as a result of you placing your membership card in a club machine, may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

Do you wish to receive marketing material and information about our promotions and services?

Yes No

Signature: Date:

Office Use Only	Gate Card #	PA Key #	Alpha Code #
Entered MP	<input type="checkbox"/>	Board Report/Mail Out	<input type="checkbox"/>
Opt for email in account delivery PC	<input type="checkbox"/>	Email to Campaign Monitor	<input type="checkbox"/>
Add to Statements Group PC	<input type="checkbox"/>	Racing – YA Number in PC	<input type="checkbox"/>
Sent Constitution & By-Laws	<input type="checkbox"/>	UTCS's if applicable (Senior)	<input type="checkbox"/>