



BRIGHTON & SEACLIFF YACHT CLUB INC

246 Esplanade, SEACLIFF SA 5049

APPLICATION FOR MEMBERSHIP

I, Mr / Mrs / Miss / Ms _____
Given Name Surname

of _____ Post Code _____

Telephone No: Home _____ Work _____ Mob: _____

email address: (PRINT CLEARLY) _____

Do you wish to receive the Newsletter (Log Book) by email? Yes / No

Occupation: _____ Date of Birth ____/____/____

hereby apply for Membership as: (please tick appropriate category)

- Senior
- Social
- Family
- Student/Pensioner/Unemployed-ID required
(Discounted Senior Membership - Circle appropriate category)
- Junior
- Associate
- Affiliate

**A SUBSCRIPTION
ADVICE**

MUST accompany this
application form

General Information

* Will you be sailing regularly? Yes / No Registered Sailor No (if applicable):

(All club members who sail more than 3 times are required to register as a sailor (RRS 46))

* Can you swim? Yes / No

* Do you own your own boat? Yes / No

Name of boat _____ Class _____ Sail Number _____

* Do you intend to crew? Yes / No

With whom? _____

Name of boat _____ Class _____ Sail Number _____

* Were you previously a Club Member? Yes / No Year Resigned _____

* Other Club Members in the Family _____

Emergency Contact: (Name) _____

(Phone) _____

If this application is accepted, I agree to abide by the rules of the club.

Signature _____ Date ____/____/____

Proposer:
Signature _____

Secunder:
Signature _____

Name Printed _____

Name Printed _____

The Proposer & Secunder must be Senior Members of the Club

Office Use:

Receipt N ^o	Receipt Date	Approved	New Member Night	Badge
	/ /	/ /	/ /	/ /
Letter 1	Letter 2	Letter 3		
/ /	/ /	/ /		