

PORT AUGUSTA YACHT CLUB Inc.

ABN 39 487 067 947

PO Box 334, PORT AUGUSTA SA 5700

Phone (08) 8641 3355

APPLICATION FOR MEMBERSHIP

1-7-2009 TO 30-6-2010

NAME: _____

STREET ADDRESS: _____

POSTAL ADDRESS: _____

(If same as street address write 'As Above')

TELEPHONE NUMBERS: Home: _____ Work: _____

EMAIL ADDRESS: _____ Fax: _____

TYPE OF MEMBERSHIP REQUIRED: (GST Included)

FAMILY \$75

ADULT \$48

PENSIONER \$25 (Aged)

JUNIOR \$15 (Under 16 years as at 30th June)

INTERMEDIATE \$20 (16 years but not 18 years as at 30th June)

STUDENT \$20 (Requires separate written application to Secretary)

AYF LEVY FEES: (Racing Requirements) (GST Included)

SENIOR \$45

JUNIOR \$20

FAMILY MEMBERSHIP: Please name family members

Give date of birth for under 18 years

NAME: _____ NAME: _____

NAME: _____ NAME: _____

NEW MEMBERS ONLY:

NOMINATED BY: _____

SECONDED BY: _____

I hereby agree to be bound by the Constitution and rules of the P.A.Y.C.

Signature of New Applicant: _____ Date: _____

BOAT REGISTRATION:

NAME OF YACHT/POWER BOAT: _____

CLASS/TYPE: SAIL No: _____

NAME OF SKIPPER/OWNER: _____

OFFICIAL USE ONLY: CARD SENT ()

Amount Received: Membership: Receipt No.

AYF Levy: