

# NOOSA YACHT AND ROWING CLUB INC.

Chaplin Park, Gympie Terrace, Noosaville

P.O. BOX 49, TEWANTIN, QLD, 4565.

Ph: 5449-8602 or 5440-7402 Fax:5474-1109

[www.nyrc.com.au](http://www.nyrc.com.au) email: [office@nyrc.com.au](mailto:office@nyrc.com.au)



## APPLICATION FORM

For the Period 01 July 2019 to 30 June 2020

- (A) I wish to apply for Individual Membership of this Club
- (B) My spouse is an Associate member of this Club and I wish to apply to join him/her as a Family Member
- (C) We, being a Family under the terms of the Rules of this Club, wish to apply for Family Membership of this Club

**I/We, if accepted, agree to abide by the Rules of this Club and such directives of the Management Committee as are promulgated from time to time.**

### PLEASE PRINT ALL DETAILS

NAME OR NAMES:.....

POSTAL ADDRESS:.....

RESIDENTIAL ADDRESS:.....

HOME PHONE:.....BUS PHONE:.....MOB.....

EMAIL ADDRESS:.....

DATE(S) OF BIRTH (M)..... (F)..... .OCCUPATION(S):.....

CHILDREN'S NAMES AND AGES:.....

NOTE: Children shall be admitted on our premises only in the company of at least one parent or adult guardian who shall be responsible for their safety and welfare, who shall ensure that their conduct is such as not to interfere with the peaceable enjoyment of members and that the children keep clear of the bar and gaming area.

If a Boat Owner, (Power or Sail) Boat Name:.....

Sailing Class:.....Length:.....Hull Colour:.....

Sail Number:.....Sail Colour:.....Modifications:.....

Proposer (please print name:.....Sign.....Card No:.....

Seconder (Please print name):.....Sign.....Card No:.....

**Proposer and Seconder must be full financial member of the Club.**

I have met the applicant(s):.....(Committee Member)

Signature of Applicant(s):.....Date:.....

Membership Annual Fee \$.....Family (\$320) 2 persons  
or Individual (\$180.00)

Amount paid \$.....

**CREDIT CARD DETAIL** \_ \_ \_ \_ \_ Exp Date \_ \_ / \_ \_ **Visa/Mastercard only**

**CCV NO** \_ \_ \_ **Signature** \_\_\_\_\_

The Club has public liability insurance to the cover of up to \$20 Million  
*(New memberships are approved at The Management Committee Meetings held on the 3<sup>rd</sup> Tuesday of each month.  
If application is not accepted money will be refunded)*

**PLEASE EITHER HAND THE COMPLETED FORM TO THE OFFICE OR DUTY MANAGER  
OR MAIL TO: P.O. BOX 49 TEWANTIN, 4565.**

Office Use Only

Date:..... Receipt Number:..... Card No:.....