



Richmond Yacht Club (Inc)
 P O Box 2149
 Auckland 1140
 Phone 376 4332
 Email richmondyc@xtra.co.nz

MEMBERSHIP APPLICATION FORM

Applicant:	Surname:			
	First Name:			
	Partner Name: <i>(If family membership)</i>			
Address:	Street:			
	Suburb:			
	City:		Postal Code:	
Phone:	Home:			
	Mobile:			
	Business:			
Email:				

Boat Details: <i>(if applicable)</i>	Boat Name:			
	Sail Number:			
	Design:			
	Radio Callsign:			
	Owners Association:			

Please tick type of membership required

<input type="checkbox"/>	Junior	<input type="checkbox"/>	General	<input type="checkbox"/>	General Family	<input type="checkbox"/>	Veteran	<input type="checkbox"/>	Veteran Family
<input type="checkbox"/>	Crew	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Associate Family				

Dinghy Locker Required YES / NO

Applicant:	Signature:	Date:
Nominator:	Signature:	Date:
Seconder:	Signature:	Date:

OFFICE USE ONLY

Accepted at Committee Meeting

Membership Number: _____

Club Records

Email Address