P O Box 46324 Auckland 1147
Phone: 376 4332 Fax: 360-2379
Email: info@richmondyc.org.nz
Website: www.richmondyc.org.nz

Richmond Yacht Club (Inc)
Membership Application Form

Applicant:	**Surname:**		
	First Name:		
	Partner Name *if family membership*		
Address:	**Number/Street**		
	Suburb:		
	City:		**Post code:**
Contacts:	**Home:**		
	Mobile:		
	Business:		
	Email:		
Boat Details *(if applicable)*	**Boat Name**		**Sail Number:**
	Design:		

Please circle type of membership required:

Junior	General	General Family	Veteran	Veteran Family	Crew	Associate	Associate Family

Dinghy Locker Required if available Please circle: YES / NO
RYC Newsletter Please circle: YES / NO
Tick the box if you do not want your name published in RYC documents ☐

PAYMENT DETAILS **Direct Credit: 02-0100-0835080-00** **Reference Name and Boat Name**

OR
CASH ☐ **CHEQUE** ☐ **EFTPOS** ☐ **VISA** ☐ **MCARD** ☐

AMOUNT PAID:	
Name on Credit Card:	
Customer Signature:	**Expiry Date:**

Please sign

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

OFFICE USE ONLY

Accepted at Committee Mtg		Membership No:		New Member Pack:		Mailchimp:	
Membership Card Ordered:		MYOB		Outlook			