



## Richmond Yacht Club (Inc) Membership Application Form

P O Box 46324 Auckland 1147  
 Phone: 376 4332 Fax: 360-2379  
 Email: [info@richmondyc.org.nz](mailto:info@richmondyc.org.nz)  
 Website: [www.richmondyc.org.nz](http://www.richmondyc.org.nz)

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

Please circle type of membership required:

<b>Junior</b>	<b>General</b>	<b>General Family</b>	<b>Veteran</b>	<b>Veteran Family</b>	<b>Crew</b>	<b>Associate</b>	<b>Associate Family</b>
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**Dinghy Locker Required** if available Please circle: YES / NO  
**RYC Newsletter** Please circle: YES / NO

<b>PAYMENT DETAILS</b>	<b>Direct Credit: 02-0100-0835080-00</b>	<b>Reference Name and Boat Name</b>
<b>OR</b>		
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	EFTPOS <input type="checkbox"/>
VISA <input type="checkbox"/>	MCARD <input type="checkbox"/>	

<b>AMOUNT PAID:</b>	
<b>Name on Credit Card:</b>	
<b>Customer Signature:</b>	<b>Expiry Date:</b>

Please sign

<b>Applicant:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Nominator:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Seconder:</b>	<b>Signature:</b>	<b>Date:</b>

**OFFICE USE ONLY**

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