



Richmond Yacht Club (Inc) Membership Application Form

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

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

Please circle type of membership required:

Junior	General	General Family	Veteran	Veteran Family	Crew	Associate	Associate Family
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Dinghy Locker Required if available Please circle: YES / NO

RYC Newsletter Please circle: YES / NO

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	