

RYC MEMBERSHIP FORM

INSTRUCTIONS: 1) Please complete information and mark appropriate boxes, 2) calculate your fees, 3) submit the form and payment to RYC

PERSONAL INFORMATION (PLEASE PRINT)

Name:		Spouse/Partner:	
Names of Children:			
Address:		Phone:	Mobile:
City:	Postal Code:	e-mail:	
Pleasure Craft Operator Card#:		Number of Years of Previous Yachting Experience :	

MEMBERSHIP CLASS

Family Associate Student

BOAT INFORMATION

Vessel Name:	Class/Make:	Registration #:
Length:	Beam:	Draft:
Insurance Co:	Policy No:	Expiry (dd/mm/yy):
Co-own Vessel: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Co-owner:	
Boat Type: Sail <input type="checkbox"/> Power <input type="checkbox"/>	Engine Type: Outboard <input type="checkbox"/> Inboard <input type="checkbox"/>	

REQUESTED SERVICES

Berth <input type="checkbox"/> (with) Electrical <input type="checkbox"/>	Mooring <input type="checkbox"/>	Dry Land <input type="checkbox"/>
Summer Storage: Trailer/Cradle <input type="checkbox"/> Boat on Cradle <input type="checkbox"/>	Winter Storage: Boat on Cradle <input type="checkbox"/>	Mast in Spar Shed <input type="checkbox"/>
Spring Launch <input type="checkbox"/>	Fall Haulout <input type="checkbox"/>	

SPONSOR (To be completed by new applicants only)

Name of Member:	Length of Acquaintance:	Phone:
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PAYMENT (Calculate in accordance with the posted current RYC Service Rates)

Entrance fee (New Members only) and Dues enclosed: <input type="checkbox"/>	Payment Amount: \$
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VOLUNTEER CONTRIBUTION (Indicate your preferences)

I agree our family will contribute a <u>minimum of 15 hours</u> to one or more of the activities below: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Berth & Dock <input type="checkbox"/>	Harbour <input type="checkbox"/>	Sailing School <input type="checkbox"/>	Launch & Haulout <input type="checkbox"/>
Operations <input type="checkbox"/>	Power Boat <input type="checkbox"/>	Sailing/Racing <input type="checkbox"/>	Social <input type="checkbox"/>
Membership <input type="checkbox"/>		Special Events <input type="checkbox"/>	Property Management <input type="checkbox"/>

CONDITIONS OF MEMBERSHIP

I agree to use the Club's facilities, boats and property in accordance with the Club Rules and By-laws.
 I am aware of the RISKS, DANGERS AND HAZARDS of boating, including SEVERE OR FATAL INJURY.
 I agree refunds will not be issued more than ten (10) days after payment; and reflecting service availability,
 I am at least nineteen years old. (If not, I also have the agreement of my parent or guardian, who are signatory to this form)

SIGNATURE

I certify that the above information is complete and correct.		I have read and accept the Conditions of Membership	
Signature of Applicant		Date:	
Signature of Parent/Guardian if under 19			