

THE ROYAL PRINCE ALFRED YACHT CLUB

Youth Membership Nomination Form

Excellence in Sailing

The RPAYC 16 Mitala Street, Newport NSW 2106 T: 02 9998 3700 F: 02 9997 8620

E: membership@rpayc.com.au W: www.rpayc.com.au

ABN: 50 506 904 724

PART 1 - Youth Details Male Female Given name(s) Surname (in block letters) Date of birth Age Postal Address: Post code Residential Address (if different to above): Post Code Telephone (home) **Emergency Contact** (i.e. where the Club can contact you whenever your child is attending the Club or club related events) Phone: Youth Sailing experience and other club membership(s) Please give details of your sailing experience, if any Yes No No Are you, or have you been, a member of another club? If yes, please give the name of the club (or clubs) Have you, at any time, been suspended or expelled, or had disciplinary action taken against you by a school or another club? Yes No No Yes No No Have you, at any time, been refused admission to another club? Have you ever been a member of the RPAYC? No Yes Details Club activities In which activity or activities are you interested? Centreboard racing Youth development Schools Sailing Optimist training Holiday learn to sail programmes Laser training Tackers Learn to sail Integrated Disabled Sailing Sailability Other Please outline Australian Sailing Membership (AS membership is complimentary under RPAYC membership). Are you a current member of Australian Sailing (AS), if so quote membership number and nominate a home club Home Club The RPAYC is obligated to provide Australian Sailing with your name, date of birth, post code and email address to facilitate AS membership. If elected, I agree that the above personal information can be provided to Australian Sailing. Yes No

Details of Youth's boat (if applic	cable):				
Name of boat					
Type of boat (eg – Optimist, Laser)					
Sail number	_				
Boat is insured with		Policy No			
Are you the sole owner of the boat? Yes $\[\]$] No 🗌				
If no, please give the names of the other ov	vner (s)				_
Do you require rack storage?	Yes No No				
Club Notices & Communication	s				
Official notices, correspondence and month prefer to receive official correspondence by	·	arded via email, unless othe	erwise requested.	Would you	
Would you like to receive the following club	publications? Annual Rep	ort - View on website	Email	By mail	
The Yachtsman magazine (annual)	fred's News (monthly ema	il) Weekly E- Nev	vsletter (social em	nail) 🗌	
Where did you hear abou	t us?				
Club member		Social media			
Community announcements School		Newsletter Flyer			
Club open events		i iyei			
Candidate Declaration					
I / We certify the information I / We have su	pplied above is true and c	orrect.			
I / We hereby consent to be proposed for r Yacht Club may require to determine my / or other Club's mentioned above, when co	our membership application	on. I / We also consent to I		•	
If elected, I / We agree to be bound by the	Constitution and By-Laws	of The Royal Prince Alfred	Yacht Club.		
Signature of candidate		Date			
Signature of candidate		Date			

PART2 - Parent / guardian details (required if between 6 to 18 years of age)

Full name of parent / guardian no 1	
RPAYC member no (if applicable)	Relationship
Residential addres	
	Postcode
Telephone (home)	mobile
Email address	
RPAYC member no (if applicable)	Relationship
Residential addres	
	Postcode
Telephone (home)	mobile
Email address	
Parent / guardian declaration	
I certify the information that has been supplied above i	s true and correct.
Name	
Capacity	
Signature	Date
Alfred Yacht Club, I confirm that your officers, servan whatsoever for any accident, illness, negligent act or m connect with the Club and indemnify the Club, its off and demands whatsoever in respect thereof. I fur	arge as a Youth member (between 6 and 22 years or age) of The Royal Prince its, employees and agents are free and clear of all liability and responsibility isadventure, which may occur of befall him / her in participating in any activity icers, servants, employees and agents from and against all damage, claims ther authorize you in the event of any accident, illness, negligent act or and hospital accommodation that may be necessary and in this event, I agree urred on behalf of this applicant.
Name	
Capacity	
Signature	Date

PART 3 - Membership Payment

On my election the Club is authorised to charge the Total below to Visa MasterCard				
Cardholder's name				
Card number	Expiry date			
Alternately herewith payment of the Total by cheque acash or payment has been made by EFT (see below)				

Membership Fees

Component	Amount	Payment by EFT
Subscription fees (annual subscription raised at start of Club year on 1 May – pro rata fees apply in any other month)	\$	Westpac – RPAYC ACC 800439 BSB 032-198 Please add member number or Surname for reference.
Total	\$	