GARDEN ISLAND YACHT CLUB INC.

Postal address: PO Box 1531, Port Adelaide SA 5015
Telephone: 08 8341 2754
Email: secretary@giyc.net
Website: www.giyc.net

ASSOCIATE MEMBERSHIP APPLICATION

Open to persons over 18 years of age. No voting rights at meetings. They are not entitled to be elected to the Clubs Committee. They are entitled to hold a key to the Club and bring in visitors.

Submitting this form does not guarantee, nor entitle, a person to membership.

First Name:	Surname:
Date of Birth:	
Postal Address:	
Home Phone:	Mobile Phone:
Work Phone:	Email Address:
Emergency contact name:	Phone:
GIYC Sponsor name:	Phone:
Newsletter & Club Billing preferred delivery (please circle one)	Email Post

MEMBERSHIP IS SUBJECT TO A PROBATIONARY PERIOD OF TWELVE MONTHS.

1) I agree to abide by the Club's Constitution and By-Laws as they are in force and amended from time to time.

2) I acknowledge that Section 4 Para 6a of the Club's Constitution requires notice of nomination and approval by the Committee to the ordinary member. Following my nomination form being placed on display to the membership, should any objection be raised I understand that my membership application may be rejected.

Signed …… Witness (Committee Member) ……..

OFFICE USE ONLY	DATE
Application Received	/ /
Approved by Committee	/ /
Treasurer invoice	/ /
Membership Database	/ /
Welcome Aboard Letter	/ /
Gate tag issued	/ /

ASSOCIATE