



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. Shall be friends of full members who wish to attend the Club in their own right. Not a boat owner within the Club.

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.

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

Signed Witness (GIYC Exec. Officer)

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 and any fees paid will be refunded and no correspondence be entered into.

Signed Witness (GIYC Exec. Officer)

FEES PAYABLE	GST included
Associate Membership: (annual)	\$100
Gate Tag deposit:	\$30
Total Due:	

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