



GARDEN ISLAND YACHT CLUB INC.

Postal address: PO Box 1531, Port Adelaide SA 5015

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JUNIOR MEMBERSHIP APPLICATION

Open to persons at least 13 years of age but under 18 years. Must have a sponsor. No voting rights at meetings.

First Name: _____ Surname: _____

Date of Birth: _____

Postal Address: _____

Home Phone: _____ Mobile Phone: _____

Parent / Guardian name: _____ Phone: _____

Relationship to applicant: _____

Parent / Guardian I give permission for the above named to apply for Junior Membership.

Signed

Club Sponsor I accept full responsibility for this Junior Member.

Signed

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.

Signed Witness (Committee Member).....

OFFICE USE ONLY	Date
Application Received	/ /
Approved by Committee	/ /
Treasurer - invoice	/ /
Membership Database	/ /
Welcome Aboard Letter	/ /