



GARDEN ISLAND YACHT CLUB INC.

Postal address: PO Box 1531, Port Adelaide SA 5015

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Website: www.giyc.net

PARTNER MEMBERSHIP APPLICATION

Available at a reduced cost for the partner of a full member. Must be an immediate partner or spouse of a full member. Partner membership entitles Voting rights at meetings.

First Name: _____ Surname: _____

Date of Birth: _____

Postal Address: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email Address: _____

Emergency contact name: _____ Phone: _____

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
Partner Membership:	\$40 - annual
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	/ /