



KURING-GAI MOTOR YACHT CLUB

MEMBERSHIP

BOAT OWNER / PART BOAT OWNER

I wish to nominate for Membership of Kuring-Gai Motor Yacht Club:

Surname* _____ Given names* _____

Home address _____

Suburb _____ Post Code _____

(If not as above)

Postal address _____

Suburb _____ Post Code _____

Phone (home) _____ Mobile* _____

Email * _____

Occupation _____

Name of firm / organisation _____

Memberships of other Clubs _____

SPOUSE / PARTNER

Surname * _____ Given Name* _____

Mobile _____ Email _____

* These details will be published in KMYC's annual Year Book, please tick here if you do NOT want them published

How did you hear about KMYC? _____

PARTICULARS OF VESSEL

I am OWNER PART-OWNER of _____

(Name of Vessel)

Type of Vessel MOTOR CRUISER YACHT MOTOR SAILER HOUSEBOAT

Make _____ Length _____ (in feet)

Material _____ Beam _____ Draught _____

Weight _____ Registration No. _____

COPY OF BOAT'S CURRENT RMS REGISTRATION CERTIFICATE ATTACHED

CONTINUED OVER PAGE

KURING-GAI MOTOR YACHT CLUB |

Company Limited by Guarantee

ABN 87 000 262 920

1 Cottage Point Road, Cottage Point, NSW, 2084 | Ph 02 9456 6456 | Fax 02 9456 5084 | office@kmyc.com.au

BOAT OWNER / PART BOAT OWNER

APPLICATION FOR MEMBERSHIP CONTINUED...

INSURANCE FOR VESSEL

Name of insurance company _____

Policy No. _____ Expiry Date _____

Amount of third party personal & property damage \$ _____

(Note a minimum third party cover of \$10,000,000 is required)

COPY OF CURRENT CERTIFICATE OF CURRENCY ATTACHED

KMYC mooring required? YES NO If yes, do you require dinghy storage? YES NO

If no KMYC mooring is required, where is your boat moored? _____

PROPOSAL DETAILS

Name of Proposer _____

(Must be a current member of KMYC)

Remarks of Proposer _____

Signature _____

Name of Seconder _____

(Must be a current member of KMYC)

Remarks of Seconder _____

Signature _____

MEMBERSHIP AGREEMENT

I hereby agree, if elected as a member of KMYC, to abide by the Constitution and By-Laws of the Club, the decisions of the General Committee and to pay all my accounts upon receipt.

I would like to receive quarterly financial updates of the Club

I would like to be contacted to quote for relevant Club work

Signature of applicant _____

Date of application _____ / _____ / _____

COMPLETED FORM TO BE RETURNED TO CLUB SECRETARY:

Email : OFFICE@KMYC.COM.AU

Fax : 02 9456 5084

Post : KMYC, PO Box 189, Terrey Hills, NSW, 2084