



NAME OF APPLICANT: ID NUMBER:

PROFESSION/OCCUPATION: SPOUSE/PARTNER'S NAME:

ADDRESS :

(Please indicate POSTAL ADDRESS by a tick/cross in the box)

HOME:
..... POSTAL CODE:

WORK:
..... POSTAL CODE:

e-mail ADDRESS **(Please print)**: (compulsory)

TELEPHONES: HOME: WORK:

FAX: CELL:

CLASS OF MEMBERSHIP:

(Please tick/cross)

FAMILY ORDINARY ANGLING SENIOR COUNTRY CADET JUNIOR

AFFILIATED TO: S A SAILING and/or WESTERN PROVINCE DEEP SEA ANGLING ASS.

NB: Please provide 2 x ID size photographs, (preferably colour) for your membership card.

Declaration/Consent by applicant:

1. I have not been requested to resign from, nor been rejected by any other club, nor has my name been withdrawn prior to ballot.
2. If I am accepted as a member of FBYC, I undertake to abide by the constitution, bye-laws & general rules of the club.
3. A credit check on the applicant's credit rating may be done by the club, in terms of a FBYC 2012 AGM decision.
4. If you are accepted as a member & have a boat at the club, do you plan to conduct a business using this vessel? If so, provide details:

SIGNATURE : DATE:

Declaration by Proposer:

I declare, as the proposer of the above applicant that he/she is personally known to me and in my opinion is a fit and proper person to become a member of the club.

NAME & SIGNATURE OF PROPOSER: DATE:

ANGLING – SUPPLEMENTARY INFORMATION

NAME OF BOAT:

MAKE/MODEL:

BOAT REGISTRATION NUMBER:

LENGTH & BEAM:

TRAILERABLE: YES

NO

SLIPWAY ACCESS REQUIRED: YES

NO

NB: A copy of the applicants skippers certificate & current boat survey certificate to be attached to the application form.

NB:The club cannot guarantee the availability of parking for your Ski boat/Trailers and/or vehicles. However, due to a SA Navy concession, parking is available for rigs & trailers over the weekends and public holidays in the dockyard area. Ask reception for directions. The parking of trailers in the public parking outside the club is prohibited.

SAILING - SUPPLEMENTARY INFORMATION

NAME OF BOAT:

MAKE/MODEL:

BOAT REGISTRATION NUMBER:

LENGTH & BEAM:

A copy of the applicants skippers certificate & current boat survey certificate to be attached to the application form.

ALL MEMBERS TO COMPLETE

Mention areas of expertise where you would be willing and able to voluntarily contribute to FBYC:

.....
.....

I hereby confirm that the details provided by me as being correct and a true record.

Signature:

Date:

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