



# FALSE BAY YACHT CLUB

34°11.541'S 18°26.047'E

## Membership Application Form

Name of Applicant:

ID/Passport Number:

Occupation:

Email:

Tel (Work):

Tel (Cell):

Spouse/ Partner's Name:

ID/Passport Number:

Occupation:

Email:

Tel (Work):

Tel (Cell):

Residential Address:

Post Code:

Postal Address:

Post Code:

Type of Membership: (Please indicate with a "X")

Family: <input type="checkbox"/>	Country: <input type="checkbox"/>	Ordinary: <input type="checkbox"/>	Senior: <input type="checkbox"/>	Cadet: <input type="checkbox"/>	Junior: <input type="checkbox"/>
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Preferred Discipline: (Please indicate with a "X")

Sailing: <input type="checkbox"/>	Fishing: <input type="checkbox"/>	Small Craft: <input type="checkbox"/>	Power Boating: <input type="checkbox"/>	Rowing/kayaking: <input type="checkbox"/>
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**All members are required to be affiliated to a recognised sporting body.**

If paying a sporting levy to another club, please indicate here and send proof of payment

Have you previously been a member

YES:

NO:

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 I have not been requested to resign from, nor been rejected by any other club, nor has my name been withdrawn prior to ballot.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, By-Laws & general rules of the club.
3. I will not be operating my vessel for commercial purposes.
4. A credit check on the applicant's credit rating may be done by the club, in terms of a FBYC 2012 AGM decision.

APPLICANT SIGNATURE:

DATE:

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

**NAME OF PROPOSER:**

**PROPOSER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Sailing Vessel:		Motor Vessel:		Kayak/Surfski/Skul:	
Name:		Name:		Make:	
Registration:		Registration:			
Make:		Make:			
Do you require slipway access to launch a trailer boat?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>If you have more than one vessel you wish to launch, please supply Certificate of Fitness for additional vessels.</b>					

PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION IF YOU OWN A BOAT:

**BOAT DETAILS:**  
 COPY OF REGISTRATION/LISTING CERTIFICATE  
 COPY OF CURRENT COF/LGSC  
 COPY OF SHIP STATION RADIO LICENCE  
 COPY OF EPIRB REGISTRATION (If applicable)  
 COPY OF LIFE RAFT CERTIFICATE (If applicable)  
 COPY OF INSURANCE POLICY

**SKIPPER'S DETAILS:**  
 COPY OF CERTIFICATE OF COMPETENCY  
 RESTRICTED RADIO OPERATOR'S CERTIFICATE  
 FIRST AID CERTIFICATE (If applicable)

Please email an electronic photo of all applicants on this form to: [admin@fbyc.co.za](mailto:admin@fbyc.co.za).