



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 I have not been requested to resign from, nor been rejected by any other club, nor has my name been withdrawn prior to ballot.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"/>					
If you have more than one vessel you wish to launch, please supply Certificate of Fitness for additional vessels.					

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.