



COFFIN BAY YACHT CLUB INC

PO Box 25, COFFIN BAY SA 5607

Ph: (08) 8685 4287 Fax: (08) 8685 4387 Email: cbyc01@gmail.com

Commodore: Brenton Wilhelm Secretary: Karen Tagg

MEMBERSHIP NOMINATION FORM 2023/2024

I/We the undersigned hereby apply to become a member/s of the Coffin Bay Yacht Club Inc., and if admitted agree to observe all the Rules and By-Laws as listed below.

FULL NAME: (please print)
(Mr/Mrs/Miss/Ms)

RESIDENTIAL ADDRESS

..... STATE POSTCODE

POSTAL ADDRESS

..... STATE POSTCODE

PHONE: Hm Wk..... Mobile

EMAIL:

SIGNATURE OF APPLICANT :

PROPOSER'S NAME SIGNED
(Please Print)

SECONDER'S NAME SIGNED
(Please Print)

SUBSCRIPTION : FAMILY MEMBERSHIP or SINGLE MEMBERSHIP

Names of Family Members (Note: Children must be under 18yrs of age to be included in Family Membership)

Name of Family Member No. 2

..... D.O.B. (if under 18)

..... D.O.B. (if under 18)

..... D.O.B. (if under 18)

CONDITIONS OF MEMBERSHIP - :

- Any person over the age of 18 years may apply for Membership to the Coffin Bay Yacht Club Inc. by completing the above application form and leaving the form at the Club, posting or emailing it. It will then go to the next Committee Meeting for approval, meetings are held on the third Tuesday of each month
- Family Membership is \$50.00, Single Membership is \$25.00
- Once Memberships are approved and paid, Membership Cards will be posted
- Memberships fall due immediately after the Annual General Meeting each year
- All sailing members / crews must be financial members before they sail their 3rd race
- Once becoming a member of CBYC Inc, members are entitled to a discount off their meals Wednesday, Friday and Sunday nights if they produce their members card when ordering their meals. This discount only applies to full meals or children's meals (no half serves or special meals)