MEMBERSHIP APPLICATION



<u>JUNIOR</u>

Signature of Junior Applicant

Junior Applicant [Details			Junior	Membersh only \$ 7	· I		Junior Tro (include: (starts Sep	s Membe	ership) \$	340			
Title (circle)	Mr	Miss		Master										
First Name						Midd	dle Nar	ne						
Last Name						Date	e of Birtl	h						
Postal Address:	No			Street										
	Suburb						State			Pos	st Code	9		
Residential Address (must be supplied): Ple	No:			Street:										
	Suburb:	e: Junio	r Memb	ership o	details ar	e <u>NOT</u>	State: FOR PI	UBLICATI	ON in t		t Code		ok	
✓ Mobile						I	Home P	hone						
In support of the J	unior Ap	plicar	nt (this se	ection mu	ıst be comp	oleted by	v a Pare	nt /Guardio	an of the	applicar	nt)			
Parent/Guardian	& Emerg	ency	Conta	ct Deta	ails (1)	Rela	tionship	to Applia	cant					
Title (circle)	Mr	Mrs	Miss	Ms	Dr	Prof	Oth	er (specify	·)					
First Name						Midd	dle Nar	ne						
Last Name						Date	e of Birtl	h						
Postal Address	No			Street										
	Suburb						State			Pos	st Code	9		
Residential Address (must be supplied)	No			Street										
	Suburb					.1 .	State	NOTE			t Code		/C.\/	
Please tick bos					ess below nce will be							RSA I	3 rear	JOOK .
Mobile							Bu	usiness Pho	ne					
Parent/Guardian As the Parent/Guardiar enforce the Junior Memb Do you consent to the YES NO	n, I give cor pership De	nsent for claration	noted l	oelow.									, and will	support a
Signature of Pare	 :nt/Guar	dian								[ate			
Junior Membership I apply for Junior Member By-Laws and declare the	Declar ership of th	ation e Royal							gree to b			he Clu	o's Const	itution anc
I also understand that once I reach the age													pership co	ategory.
I agree that, when my m squadron. I/We are liab	, nembership	ceases,	l shall sti	ill be liabl	le to the Ro	oyal SA Y	′acht Sc	quadron Inc	c. for subs	criptions,	fees an	, d deb		

Statements/Correspondence are sent via email (on occasion alternative delivery methods are utilised), unless otherwise requested.

Date

In support of the Junior Applicant (this section must be completed by a representative from the Junior Development Committee as a Proposer for Membership) I recommend the above named applicant for election as a Junior Member of the Royal SA Yacht Squadron Inc. I can vouch that the applicant is a suitable person for Junior membership with the Squadron. Representative's Membership No Representative's Name Signature Date JUNIOR TRAINING PROGRAM ENROLMENT (Starts September 2016) Please complete if you would like to enrol in the RSAYS Junior Training Program - Ages 8 to 18 Years TOTAL FEE \$ 340 Start Sailing 1 Start Sailing 2 Better Sailing Start Racing ☐ Better Racing PROGRAM LEVEL Recue Boat Drive General Helper Can you assist with any of the following? IMPORTANT MEDICAL INFORMATION YES (please attach details/medical plan) Does your child sufferer any form of illness or disability? NO NO Does your child suffer from any allergy or allergic to any medication? YES please specify____ Is your child a competent swimmer? What level of competency would you describe them to be __ NO Second Emergency Contact Details (2) Relationship to Applicant First Name Last Names Mobile Business Phone In the event of an emergency, I authorise RSAYS to arrange any necessary medical treatment for my child where prior notification has not been possible. My son/daughter is able to swim to the level of ability listed above. I hereby waive any claims that I may have against The Royal South Australian Yacht Squadron or its Officers as a result of any action or omissions on their part in connection with any activity at any time at The Royal South Australian Yacht Sauadron I understand that participating in any sailing program may involve strenuous activity and I declare that my child is physically fit to participate in every aspect of these activities and that I am aware of and accept the risks of my child participating in a sailing program, and declare that the foregoing information is true and correct in every particular. Signature of Parent/Guardian Date The applicable Fees must accompany this application for processing, along with copy of Driver's Licence rsays@rsays.com.au | 161 Oliver Rogers Rd, Outer Harbor SA 5018 | www.rsays.com.au | (08) 8341 8600 PAYMENT DETAILS \$ TOTAL AMOUNT PAYABLE Cheque * Direct Debit Credit Card Payment by: Cash Instalment Plan (Payable to RSAYS) (details to be supplied below) Tick WISA Name On Card (please print)..... Card Holder Signature.. * Direct Debit Instalment Plan via PaySmart - please speak with our friendly staff for further set up details OFFICE USE ONLY **MEMBERSHIP NO** Date Payment Received SAILING COORDINATOR: Enrolled In Relevant YA MEMBER SERVICES: Set up in PowerClub (including, MEMBER SERVICES: Membership Fees Paid/Invoiced Partner/Guardian/Proposer/Seconder/Referee Links) course ACCOUNTS: Is this a PaySmart Member: YES / NO If so set up MEMBER SERVICES: Gate Card Issued MEMBER SERVICES: Check for Parent/Guardian permission, details in PaySmart and add NOTE to Members A/c & added including for publications.

MEMBER SERVICES: Consitution & By-Laws Issued

MEMBER SERVICES: Added to YA database

MEMBER SERVICES: Acceptance Letter Issued

MEMBER SERVICES: Latest Squadron Quarterly Issued

MEMBER SERVICES: Added to email distribution lists

Membership Application, approved by Management Committee Date

MEMBER SERVICES: Membership Card Issued

MEMBER SERVICES: Welcome Pack Issued

MEMBER SERVICES: Year Book Issued