

ROYAL SOUTH AUSTRALIAN YACHT SQUADRON INC.

161 Oliver Rogers Road, Outer Harbor SA 5018
Postal Address: PO Box 1066, North Haven SA 501
Telephone: +61 08 8341 8600 Facsimile: +61 08 8248 4933
Email: rsays@rsays.com.au Website: www.rsays.com.au



Junior Application For Membership – 2014/2015 Financial Year

Junior Applicant Details

| | | |
|----------------------|----------------|-------------------|
| Title (circle): | Mr | Miss |
| First Name: | Given Names: | |
| Surname: | Date of Birth: | |
| Postal Address: | No: Street: | |
| | Suburb: | State: Post Code: |
| Residential Address: | No: Street: | |
| | Suburb: | State: Post Code: |

Email Address:

Please note: Junior Membership details are **NOT FOR PUBLICATION** in the RSAYS Year Book

| | |
|---|--|
| <input checked="" type="checkbox"/> Mobile: _____ | <input checked="" type="checkbox"/> Home Phone: (____) _____ |
| <input checked="" type="checkbox"/> Business No: (____) _____ | <input checked="" type="checkbox"/> Fax No: (____) _____ |

In support of the Applicant (this section must be completed by a Parent /Guardian of the applicant)

Parent/Guardian Details

| | | | | | | | |
|----------------------|----------------|--------|------------|----|----|------|-----------------|
| Title (circle): | Mr | Mrs | Miss | Ms | Dr | Prof | Other (specify) |
| First Name: | Given Names: | | | | | | |
| Surname: | Date of Birth: | | | | | | |
| Postal Address: | No: Street: | | | | | | |
| | Suburb: | State: | Post Code: | | | | |
| Residential Address: | No: Street: | | | | | | |
| | Suburb: | State: | Post Code: | | | | |
| Occupation: | Employer: | | | | | | |

Email Address:

Please note: Junior Membership details are **NOT FOR PUBLICATION** in the RSAYS Year Book

| | |
|---|--|
| <input checked="" type="checkbox"/> Mobile: _____ | <input checked="" type="checkbox"/> Home Phone: (____) _____ |
| <input checked="" type="checkbox"/> Business No: (____) _____ | <input checked="" type="checkbox"/> Fax No: (____) _____ |

As the Parent/Guardian, I give consent for the above named applicant for election as a member of the Royal SA Yacht Squadron Inc, and will support and enforce the Junior Membership Declaration noted below.

USE OF PHOTOGRAPHIC IMAGES

As the Parent/Guardian, I **CONSENT** / **DO NOT CONSENT** for my child to appear in any Squadron publications

Signature of Parent/Guardian:

Date:

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In support of the 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 application is a suitable person for Junior membership with the squadron.

Representative's Name:

Representative's Membership No:

Signature:

Date:

Junior - Membership Declaration (to be read before signing the application form)

I apply for Junior Membership of the Royal South Australian Yacht Squadron Inc. and undertake, if elected by the Management Committee I will be governed by the Club's Constitution and By-Laws, observe those rules and regulations and adhere to them.

I also understand that once I reach the age of 19 years my membership will automatically be transferred to Intermediate Membership. Once I reach the age of 24 years my Intermediate Membership will automatically transfer to Senior Membership.

I agree that, when my membership ceases, I shall still be liable to the Royal SA Yacht Squadron Inc. for subscriptions, fees and debts owing to the squadron.

I/We are liable for any debts incurred to recover monies owing including debt collection fees, court cost and other legal associated fees.

I declare that the information provided is true and correct.

Signature of Junior Applicant:

Date:

RSAYS Introduction:

(how did you find out about our club)

Member Introduction

Advertising

Open Day

Website

Other (specify)

Please return this form to Member Services Coordinator along with payment to: RSAYS - PO Box 1066, North Haven SA 5018

JUNIOR MEMBERSHIP PAYMENT DETAILS

TOTAL AMOUNT PAYABLE:

\$ 65.00

CREDIT CARD PAYMENT

CREDIT CARD NO: _____

EXPIRY DATE: ____/____/____

CARD HOLDER NAME: _____

CARD HOLDER SIGNATURE: _____

Cash

Cheque (made payable to: RSAYS)

Direct Debit Instalment Plan

Please speak with our friendly accounts staff for further set up details.

OFFICE USE ONLY

DATE PAYMENT RECEIVED: ____/____/____

MEMBERSHIP NO: _____

MEMBER SERVICES: Set up in PowerClub (including, Partner/Guardian/Proposer/Secunder/Referee Links)

MEMBER SERVICES: Membership Fees Paid/Invoiced

ACCOUNTS: Is this a PaySmart Member: YES / NO

If so set up details in PaySmart and add NOTE to Members A/c & added to the fine exemption list.

MEMBER SERVICES: Gate Card Issued

MEMBER SERVICES: Check for Parent/Guardian permission, including for publications.

Junior Membership Application, approved by Management Committee

Date: _____

MEMBER SERVICES: Membership Card Issued

MEMBER SERVICES: Acceptance Letter Issued

MEMBER SERVICES: Welcome Pack Issued

MEMBER SERVICES: Constitution & By-Laws Issued

MEMBER SERVICES: Latest Squadron Quarterly Issued

MEMBER SERVICES: Year Book Issued

MEMBER SERVICES: Added to YA database

MEMBER SERVICES: Added to email distribution lists