



# Perth Flying Squadron Yacht Club Inc.

## Nomination for Temporary Vessel Accommodation (Existing Member)

### **Extract from the Minutes of the General Meeting held on 1<sup>st</sup> July 1897.**

The title "Flying Squadron" was adopted and copied from the Sydney Flying Squadron, which raced 18 footer open sailing centreboard, live ballast boats, which were renown all over the world as the largest sail carrying craft. The sail spread gave the appearance as if the boats were flying through the water and the general public called them "Flying Boats". This title was therefore adopted to signify the type of boat to be sailed by the Club.



## LATE PAYMENT POLICY

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Fees are due on the 1<sup>st</sup> working day of each month. Payments that are not received by the due date will attract a late payment administration fee of \$10 or 10.45%pa (whichever is greater) compounding monthly.

I have read and understand the Late Payment Policy.

Signature of Applicant: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



# APPLICATION FOR TEMPORARY VESSEL ACCOMMODATION

PEN     HARDSTAND     COVERED SHED     DINGHY RACK     STORAGE UNIT     CONTAINER

Title \_\_\_\_\_ Given Names \_\_\_\_\_ Surname \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address \_\_\_\_\_ P/Code \_\_\_\_\_  
Ph: (Mobile) \_\_\_\_\_ Email \_\_\_\_\_

## VESSEL DETAILS

Boat Name \_\_\_\_\_ Category  Dinghy  Sail  Power  
Colour \_\_\_\_\_ Length (Overall) \_\_\_\_\_ Beam \_\_\_\_\_ Draft \_\_\_\_\_  Inboard  Outboard  
Make / Model \_\_\_\_\_ Fuel Type  Diesel  PULP  
Currently Penned / Moored at \_\_\_\_\_ Date Occupancy Required \_\_\_\_/\_\_\_\_/\_\_\_\_  
DoT Registration Number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ HIN \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Length of Trailer \_\_\_\_\_ Trailer Registration Number \_\_\_\_\_  
Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Third Party Cover \$ \_\_\_\_\_ (Minimum cover \$10,000,000.00)

## OTHER OWNERS IF APPLICABLE (ALL PARTNERS MUST BE DECLARED)

Title \_\_\_\_\_ Given Names \_\_\_\_\_ Surname \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ P/Code \_\_\_\_\_  
Ph: (Mobile) \_\_\_\_\_ Ownership % \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Temporary vessel accommodation has a maximum term of 12 months. Should accommodation be required after the 12 month term then an application to become a Member with accommodation rights must be made.

All fees including allocation and pen rental fees will also apply.

## **DECLARATION:**

I declare that all information contained herein is true and accurate. I agree to abide by the Club Constitution, Rules and Policies

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## NO APPLICATION WILL BE ACCEPTED UNLESS ACCOMPANIED BY

- COPY OF TRAILER LICENCE REGISTRATION CERTIFICATE (IF APPLYING FOR HARDSTAND)
- COPY OF BOAT REGISTRATION CERTIFICATE
- COPY OF INSURANCE POLICY (WITH MINIMUM OF \$10,000,000 PUBLIC LIABILITY COVER)
- RECENT PHOTO OF BOAT
- MARINA SAFETY CERTIFICATE TO BE COMPLETED

## OFFICE USE ONLY

Date Application Received		Entered on Computer	
Waitlist Deposit Received		Allocation / Pen Fees Invoiced	
Accommodation Space Allocated		Letter Sent	
Approval and Signature of General Manager			



# CREDIT CARD AUTHORISATION FORM

Member Name \_\_\_\_\_ Membership Number \_\_\_\_\_

I hereby authorise the Perth Flying Squadron Yacht Club (Inc.) to charge to my credit card with the items listed below unless revoked by me in writing:

- House Support Levy
- Membership Subscription & Pen/Hardstand Fees
- Hew Jarman Fund Donation
- Functions at PFSYC
- Slipping Fees, High Pressure Wash & Environment Levy

**Important Note - Your Credit Card will be charged automatically for overdue accounts more than 30 days;**

- Overdue House Support
- Bar, Galley and Regalia – Overspend
- Overdue Annual Subscription & Pen/Hardstand Fees (unless payment plan has been granted)
- Overdue Functions payment
- Overdue Slip Fees

WE ACCEPT (Please Tick card type)

**\*Please note that we do not accept AMEX/Diners card**

VISA

MASTERCARD

EFT

Card No.

Expiry Date \_\_\_\_/\_\_\_\_ CVV

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

**\*No receipts are issued unless requested**

Member Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_