



APPLICATION FOR CREW MEMBERSHIP

Title _____ Given Names _____ Surname _____ DOB ____/____/____

Home Address _____ P/Code _____

Postal Address _____ P/Code _____
(If different to above)

Ph: (Mobile) _____ (Home) _____ (Work) _____

Email _____ would you like to receive our email newsletter Yes No

Name of Employer _____ If Self Employed Business Name _____

Position _____ Type of Business _____

Spouse/Partner _____ DOB ____/____/____
Title Given Names Surname

Emergency Contact _____ Ph _____ Relationship to Applicant _____

Please indicate any relevant medical conditions

I am applying for membership of PFSYC because

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

Signature of Applicant: X..... **Date:**...../...../20.....

PAYMENT DETAILS

- Membership subscriptions are non-refundable
- Annual Cost of Crew Membership is \$59.00

OPTIONAL: Hew Jarman Fund

Yes, I would like to donate \$32 to the Hew Jarman Fund for the development of sail training and junior initiatives.

I hereby authorise the Perth Flying Squadron Yacht Club (Inc.) to debit my credit card with the sum amount of \$ _____

Card Number _____ Expiry ____/____ CVV _____

Cardholder Name _____ Cardholder Signature _____