



PERTH FLYING SQUADRON YACHT CLUB INC.

VESSEL
REGISTRATION
FORM

(08) 9386 6437

members@pfsyc.com.au

www.pfysc.com.au



MEMBER DETAILS



Title _____ Given Names _____ Surname _____ DOB ___/___/___

Home Address _____ P/Code _____

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

Home Phone _____ Mobile _____ Email _____



VESSEL DETAILS



Boat Name _____ Make/Model _____

Length (overall) _____ Beam _____ Draft _____ Weight _____ Inboard Outboard

DoT Registration Number _____ Expiry Date ___/___/___ HIN _____

Trailer Registration Number _____ Trailer Length _____ Fuel Type PULP Diesel

Insurance Company _____ Policy Number _____ Expiry Date ___/___/___

Third Party Cover \$ _____ (min cover \$10 million) Category Power Sail Dinghy

No Application will be accepted unless accompanied by a copy of the Boat's DoT Registration Certificate, Insurance Policy, Trailer Registration Certificate and a photo of the boat

Other Owners (if applicable) - all owners must be declared

Title _____ Given Names _____ Surname _____ DOB ___/___/___

Home Address _____ P/Code _____

Mobile _____ Email _____ Ownership % _____

Emergency Contact _____ Ph _____ Relationship _____

Declaration: I declare that all information contained herein is true and accurate. I agree to abide by the Club Constitution, Rules and Policies, as amended from time to time.

Signature of Applicant _____ Date ___/___/___