



Royal City Yacht Club

PORT OF NEW WESTMINSTER, B.C.

Suite A 330, 104-1015 Columbia Street, New Westminster, BC, V3M 6V3

I wish to make application for membership in Royal City Yacht Club as follows:

(Please print)

Surname _____ Given Names _____

Partner/Spouse's Name _____

Residence/Mailing Address _____

City _____ Postal Code _____

Telephone: Home _____ Office _____ Cell _____

Boat _____ Fax _____ Other _____ Email _____

Profession/Occupation _____ Employer/Company _____

Business Address _____

Children's Name(s) (under 19 years of age that you wish to register):

_____ Birth Date _____

_____ Birth Date _____

_____ Birth Date _____

In what way could you volunteer your time or talents to the benefit of the club?

(i.e. organizing an event, serving on the Bridge, carpentry skills, etc.)

BOAT INFORMATION:

Sail/Power _____ Make _____ Year _____ Name _____

Length _____ Beam _____ Draft _____ Colour _____

Moored At _____

Partner(s) in Vessel _____ Name(s) _____

CLUB MEMBERSHIP CATEGORY:

INITIATION FEES

___ Regular Member \$350.00

___ Additional Member* 0.00

___ Associate Member \$350.00

___ Additional Associate Member* 0.00

___ Junior Member** 0.00

ANNUAL MEMBERSHIP DUES

___ Regular Member \$350.00

___ Additional Member* 0.00

___ Associate Member \$175.00

___ Additional Associate Member* 0.00

___ Additional Junior member** 0.00

"Additional Regular member" or "Additional Associate Member" shall mean a person residing at the same address as a Regular Member or Associate Member.

*** "Junior Member" shall mean a person who is under the age of 19 and is a dependant of a "Regular Member" or "Associate Member".*

REFERRED BY:

I certify that the above information is true and complete to the best of my knowledge.

If accepted for membership in the Royal City Yacht Club, I agree:

To abide by the Constitution, By-laws, Rules and Regulations of the RCYC, now in force or hereafter adopted;

To support the furtherance of the objectives of the RCYC, as set out in the constitution;

To promptly advise the Bridge of the RCYC of changes to my mailing address and telephone numbers.

SIGNATURE OF APPLICANT(S) _____

_____ Date _____

Office Use Date: Received _____ Approved By Bridge _____

Approved by Membership _____ Cheque Received _____