



APPLICATION FOR MEMBERSHIP

QUEENSLAND CRUISING YACHT CLUB INC.

I, the undersigned, nominate for membership:

Title: _____ Surname: _____ First Name: _____

Level of membership required

Crew Junior Country

Email: _____

Residential Address: _____

Postal Address: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Crew and Junior membership automatically includes a current Yachting Australia Number which includes a level of public liability and personal injury insurance and is a pre-requisite for inclusion in the QCYC Sailing Club and for those that sail competitively. If you have previously held a Yachting Australia Number (formally known as a Silver Card), enter this number below.

Previous Silver Card Number: _____ DOB: _____

Are you a member of any other Club: Club Name: _____

Are you an owner of a vessel: If yes, please give brief details and complete a Vessel Register Form

Vessel Name: _____ Vessel Type and Design: _____

Application conditions

I hereby consent to be proposed for membership of Queensland Cruising Yacht Club Inc. and if admitted to membership, agree to be bound by its Constitutions, By-Laws, Rules and Regulations which may from time to time be amended and enforced. I understand that the class of membership I am applying for does not provide me voting rights. I agree for my details to be made available to the Yacht Club for the purposes of this application. I agree that I am personally liable for the payment of the applicable yearly subscription and charges incurred by me in the use of the amenities of the Yacht Club. The Yacht Club will use the information contained in this application to process your membership application and to provide its facilities and services to you. The Yacht Club may use your personal information for marketing purposes, which may include sending to you promotional materials and offers from the Yacht Club and reputable third parties associated with the Yacht Club. You are able to unsubscribe from this at any time. You may access, update and amend your personal information at any time upon a written request.

Signature of Applicant: _____ Date: _____

Parent / Guardian to sign for Applicants under 18 years of age

QUEENSLAND CRUISING YACHT CLUB

T 07 3269 4588 F 07 3269 0818 membership@qcyc.com.au www.qcyc.com.au PO Box 399, Sandgate, QLD, 4017



QCYC Sailing Club

I wish to become involved with the QCYC Sailing Club Group:

If yes:

Medical conditions _____

Can you swim at least fifty metres unassisted

Previous sailing experience _____

Risk Waiver

In the case of an emergency, I authorise the volunteers, where it is impracticable to communicate with me, to arrange for myself to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am enrolled with the QCYC Sailing Club.

I understand that although the QCYC Sailing Club, Queensland Cruising Yacht Club and its officers and volunteers attempt to minimise any risk of personal injury within practical boundaries accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of the QCYC Sailing Club. I agree to abide by all regulations and safety requirements and to agree to abide by the reasonable directions of the volunteers.

I do hereby indemnify and keep indemnified the organisers, members, officers, and volunteers from all claims, costs, demands whatsoever and howsoever arising from our acceptance of this entry, and the participation in the QCYC Sailing Club, whether it be for personal injury or damage to boat or equipment and whether during rescue operations or otherwise. It is acknowledged that participation be at the participants own risk

Media Consent

I consent to allow the QCYC Sailing Club and Queensland Cruising Yacht Club to use my name and any photographs, sound and film recordings taken of me at this program for the promotion of QCYC Sailing Club and Queensland Cruising Yacht Club services to the media and general public.

OFFICE USE ONLY

Membership Fee	\$
Group Contribution	\$
TOTAL	\$

Date Received:	Date letter sent:
Member no:	YA No:

Paid: Notes:

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