



HOBSONS BAY YACHT CLUB

A0013638V
Est. 1888

PO Box 24 Williamstown Victoria 3016

ABN 66 882 273 754

Phone: (03) 9397 6393
www.hbyc.asn.au

Facsimile: (03) 9397 1045
manager@hbyc.asn.au

Application for HBYC Membership

<u>Senior</u>	<u>Family</u> (Spouse)	<u>Crew</u>	<u>Social</u>	<u>Junior</u> (15 - 20)	<u>Cadet</u> (8 - 14)
<u>Please circle appropriate category</u>					

Full Name: _____

D.O.B: _____

Address: _____

Suburb: _____

Post Code: _____

Phone

Home: _____

Work: _____

Mobile: _____

Fax: _____

Email Address: _____

All Invoices and information will be sent by Email.

Please inform the office if this is not possible

Occupation: _____

Signed: _____

Date: _____

Proposed By HBYC Senior Member:

Seconded By HBYC Senior Member:

Name: _____

Name: _____

Signature: _____

Signature: _____

If applicant is not known by a member, two (2) written references are required

A nomination fee will accompany this application, appropriate to the category applied for. The nomination fee will be wholly refundable should the application for membership be rejected:

Please contact office for details:

Sailing with the Community

Additional Information

Name of present or former Clubs if any:

-

Have you ever been refused membership of any club(s), if so please state the name of club(s) and the reason!

Briefly state your yachting experience:

-

Do you currently own or intend to purchase a boat. Please supply details if available:

Communication

The Hobsons Bay Yacht Club will inform and update members by email.

Please tick the boxes below if you require to receive the following by **Post**

Newsletter Accounts Correspondence

Signature on the nomination form by the candidate is and shall be at all times an acknowledgment that they shall be bound by the rules, regulations and by-laws of the club then in existence, or which may be made lawful by any future General Committee.

Signature: _____

Date: _____

Office use

Elected:

Invoice #:

Letter Sent: