





Middle Harbour Yacht Club

Nomination for Membership	☐ Previous Member of MHYC☐ New Member
We, the undersigned, nominate for Membership: Mr / Ms / Mrs / Miss / Master / Dr / Other	
Surname	Given Names
As a Full Member Sailing Member	Sailing Under 30 Member
Associate member Youth Member Social (Family Membership - please also complete the Family Annex	
We submit the following details in respect of the state	ed Nominee:
Private Address	
	Post Code
Postal Address (if different from above)	
	Post Code
Date of Birth / / Occupation	
Business / Employer Name	
Business Address	
	Post Code
Phone: (Priv) (Bu	s):
Mobile: Fa	x:
Email Address: Di	river's Licence No.:
Receive Annual Report by amail or go to website to	o download Car Rego No
Name of Yacht: (if applicable)	Sail Number:
Type/Design: Length Overall:	Yachts/MV Location:
Yachting Interests: inshore racing offshore racing	twilights cruising
Other Club Memberships/Interests:	
Proposed By	Membership Number
Proposer Signature	Date
Seconded By	Membership Number
Seconder Signature	Date
Proposed	& Seconder please complete over page
I agree to the above nomination:	
Signature of Nominee	Date

Parent / Guardian to sign for Junior Membership



REFEREES

I, the Proposer, state the follow	wing:	
I have personally know the Nomir	nee for	_years.
I have been a financial member of	MHYC for	years.
Signature of Proposer	Date	
I, the Seconder, state the follo	wing:	
I have personally know the Nomir	nee for	_ years.
I have been a financial member of	MHYC for	years.
Signature of Proposer	Date	
PAYMENT INFORMATION		
I wish to pay monthly Plea	ase complete enclosed Direct Debit Authority for monthly instalmen	nts,
I wish to pay in full by Cash	Cheque Mastercard Visa	
Subscription \$_	to 31 August 2016	
Joining Fee: \$	WAIVED	
Membership Card Funds Payment \$ =	Optional for Sailing/House M'ship's	
Additional Charges \$ _	Tender Fee \$770 Other	
Total Payable \$ _	(GST inclusive)	
5% processing fee and Membership Card Prep	lable to Full Adult, Family, Crew & Adult Centreboard Members. The monthly instalment a payment where applicable. The enclosed Direct Debit application must be completed wit and with your application. For further information please contact Membership Services on	h bank, building
	OFFICE USE ONLY	
Checked: Signed Monthl	y OR Pald in full MM MM Memb. No Card Issu	date
YA M'ship lodged with My Club	OR Existing YA Number Checked YA Number Entered MFW YA no	t required 🔲
Direct Debit Completed Direct Debit Lod	ged 1st Instalment Banked: Letter Sent: date	date