



# Lilydale Radio Yacht Club Inc.

## New Membership Application Form 2019

LRYC Inc. Incorporation A0051478E

Please Print Clearly and return to the Membership Officer as soon as possible.

**Forward to :** The Membership Officer, 9 Braden Brae Drive Warranwood VIC 3134.

**OR** email to [membership@lryc.org.au](mailto:membership@lryc.org.au) and attach this completed application to the email.

**OR** hand this application to any Committee Member at the Lake on any Saturday morning.

First Name: (Preferred Name:) \_\_\_\_\_

Surname: \_\_\_\_\_ Pension No: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Partners Name: \_\_\_\_\_ Mobile: (For Emergencies) \_\_\_\_\_

### MEMBERSHIP TYPES:

<u>SINGLE</u>	\$50.00	Single Adult
<u>PENSIONER</u>	\$40.00	Single Pensioner:
<u>FAMILY</u>	\$80.00	Family Based on 2 Adults 2 Juniors
<u>JUNIOR</u>	\$25.00	Single Under 16 Years
<u>JOINING FEE</u>	\$20.00	ALL New Members

Membership Type: (Please Circle applicable)    Adult:    Pension:    Family:    Junior:    Joining Fee:

Total Payment: \$ \_\_\_\_\_

### **If Selecting the Family Membership...Please provide the Family Names below:**

Adult One Name: \_\_\_\_\_

Adult Two Name: \_\_\_\_\_

Junior One Name: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Junior Two Name: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

For the purpose of Club Communications, I give permission to allow LRYC Inc. to send me Newsletters, Bulletins and any other Club Information to my home or email address.

**Please note LRYC Inc will not divulge your personal information to anyone.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### LRYC Inc. Accounts Use Only

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Treasurers Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_