



# Lilydale Radio Yacht Club Inc.

## New Membership Application Form

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.

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

Surname: \_\_\_\_\_

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

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

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

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

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

### MEMBERSHIP TYPES:

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

Membership Type: (Please Circle applicable)    Full:    Pensioner:    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 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: \_\_\_\_\_