



**RADIO YACHT SQUADRON NELSON  
MEMBERSHIP APPLICATION FORM**

**Name:** .....

**Address:** .....

.....

.....

**Date of birth**...../...../.....

**Spouses name:** .....

**Home phone:** .....

**Mobile phone:** .....

**Email address:** .....

**Classes of boat owned by you (please circle):**

IOM DF95 DF65 EC12 Other.....

**Details of boat/s owned by you (please circle):**

Class design Hull Number

Sail Number Measured YES/NO

Class design Hull Number

Sail Number Measured YES/NO

**National Association Membership (please circle):**

NZRYA CJCOA EC12 IOMNCA Other.....

**Other Club Membership (please circle):**

CMYC ORYC CYA Other .....

**Membership fees:**

**Membership Categories:**

- FULL MEMBER:** Anyone not within youth or supporter categories.
- YOUTH MEMBER:** Anyone who is age 19 or under as at 30<sup>th</sup> September.
- SUPPORTER MEMBER:** Non sailing club supporter.
- LIFE MEMBERSHIP:** Anyone elected by the membership in recognition of special service to the club.

**Note:**

1. A supporter may join as a full member, if desired, as further support to the club.
2. Each of the fee categories covers automatic registration with the National Body (New Zealand Radio Yachting Association - NZRYA).
3. Annual registration with NZRYA will be paid from Club Funds for life members.

**Membership payable (please circle):**

Full Membership \$70.00	Youth Membership \$???.00
Supporter Member \$???.00	Life Member \$0.00

**I require a receipt YES/NO**

**Please pay the fee for your category into the clubs Bank Account 38-9003-0728487-00 with "Membership Fee" and your name as reference.**

**Conditions of Membership:**

**I will abide by the Rules of the Club in its Constitution and Health and Safety Plans.**

**I am aware of the inherent risks in the Activity Program and, accept responsibility for my personal safety and well being.**

**I respect the well being of other members , and accept responsibility for the safe use of my own and clubs property.**

**I accept the membership conditions:**

**Signed..... Date:.....**

**Signed on behalf of RYSN.....**