



MEMBERSHIP

MEMBERSHIP APPLICATION

Lodgement of Membership applications closes on the first Monday of each month. Applications received after this date will be held over until the next month's intake. All applicable fees must be received with the application and the form completed and correct before it can be considered.

BOARD OF MANAGEMENT MEETING

Membership applications are considered for approval by the membership committee and then at the Board of Management meeting conducted on the last Tuesday of each month. Applicants not approved for membership are informed in writing and all fees paid are refunded.

PRIVILEGES

1. Full use and enjoyment of Clubhouse facilities.
2. Can have a boat on the Club register. (Dinghy and Junior Members - a centre board sailing dinghy less than 6m LOA)
3. Can skipper a boat in Club events. (Dinghy and Junior Members - a centre board sailing dinghy less than 6 m LOA)

MEMBERSHIP FEES

Payment for the applicable fees must accompany the application before the forms can be processed.

Notes:

- For new members, the initial subscription will be set pro-rata with respect to the number of whole months remaining from the month of nomination to the end of the membership year on 30 June. Please contact the Membership Coordinator for the pro-rata amount for your application.

Membership Category	Specification	Nomination Fee \$	Annual Subscription \$
Junior	Under 18 years	Nil	82.50

Please direct any further queries to the Membership Coordinator on 9435 8800 or membership@fsc.com.au



APPLICATION FOR JUNIOR MEMBERSHIP

APPLICANT DETAILS PLEASE PRINT IN BLOCK LETTERS

Miss/Master/Ms/Mr _____ Date of Birth: ____ / ____ / ____

Surname: _____ First Name: _____

Second Name(s): _____ Preferred Name: _____

Address (Residential): _____

Postcode: _____

Address (Postal): _____

Postcode: _____

Telephone: (Home) _____ (Mobile) _____

Email Address: _____

School: _____

PARENT/GUARDIAN DETAILS PLEASE PRINT IN BLOCK LETTERS

Mrs/Mr/Ms/Dr/Other: _____ Date of Birth: ____ / ____ / ____

Surname: _____ First Name: _____

Second Name(s): _____ Preferred Name: _____

Address (Residential): _____

Postcode: _____

Address (Postal): _____

Postcode: _____

Telephone: (Home) _____ (Mobile) _____

Email Address: _____

Occupation: _____

VESSEL DETAILS

Skipper/Helmsperson Crew

Vessel Name: _____

Class: _____ Sail N^o: _____

Note: All vessels located on FSC's premises must have at least 3rd Party Insurance cover to a minimum \$10,000,000 each and every claim. Please attach policy copy.

Comprehensive 3rd Party Amount Insured \$ _____ Expiry Date: ____ / ____ / ____

PLEASE NOTE: Applications will only be accepted with signatures from a member of the Dinghy Committee, Rear Commodore Sail or the Vice Commodore.

Proposer: Name: _____ Membership N^o: _____

Seconder Name: _____ Membership N^o: _____



OFFICE USE ONLY

MEMBERSHIP COORDINATOR

Membership N^o: _____ Proposer Membership Status Verified Seconder Membership Status Verified

DOCUMENTS ATTACHED: Insurance Policy: YES

Posted to Board : _____ Date: _____

Board of Management approval: _____ Date: _____

Membership effective from: _____ Date: _____

Induction: _____ Date: _____

ISSUES:

Key N^o: _____ Car Sticker N^o: _____ Ramp Permit N^o: _____

PAYMENT:

	Amount Due \$	Amount Paid \$	Date Paid: _____
Subscription	-----	-----	
Key	-----	-----	
Other	-----	-----	
Other	-----	-----	
TOTAL	_____	_____	Over/Under Paid: _____

Comments: _____
