



### APPLICANT DETAILS

If Family Membership

Name			Partner		
DOB			DOB		
Address					
	Postcode				
Email			Email		
Mobile			Mobile		
Child		Child		Child	
DOB		DOB		DOB	

### MEMBERSHIP CATEGORIES & FEES 1st October 2023 to 30th SEPTEMBER 2024

☐ A nomination fee applies to all new membership applications.

☐ A Family Membership fee shall be for up to 2 Adults (spouse/partner) & their children under 18 years of age.

☐ New Membership ☐ Renew Membership

#### SAILING MEMBERSHIPS

<input type="radio"/> Life Member	n/a	<input type="radio"/> Introductory Member -Junior	\$50 *
<input type="radio"/> Adult Membership	\$250	<input type="radio"/> Introductory Member -Adult	\$125 *
<input type="radio"/> Family Membership	\$400	*must have completed CYC DSC course this m'ship year	
<input type="radio"/> Junior Membership (Under 18)	\$100		

### FACILITY FEES & CHARGES - Approval is at the discretion of the Executive Committee

<input type="radio"/> Dinghy storage on club pontoon	\$200
<input type="radio"/> Ellis Beach Boat Storage	\$400

### INTERESTS & EXPERIENCE

☐ Please indicate all those that apply

	KEEL BOAT	DINGHY	CATAMARAN
Owner?	YES NO	YES NO	YES NO
Crewing Experience?	YES NO	YES NO	YES NO
Interested in learning?	YES NO	YES NO	YES NO
Interested in Volunteering?	YES NO	YES NO	YES NO

**Are you willing to help with WAGS/Races/Discover Sailing Day/Ellis Beach Regattas?**

Do you want to participate in social events?

### \*\*\*VOLUNTEERS\*\*\*

**Your club relies on volunteers to run successfully - without volunteers there would be no club!**

You don't need to be a sailor to volunteer: If you can cook a snag on a barbie, swing a spanner, push a broom, drive a car or use a computer then you are qualified! The Club appreciates all of the efforts of our volunteers, big or small.

**ACCREDITATIONS & ENDORSEMENTS**

*O Please indicate all those that apply to you*

- |  |   |
|--|---|
| <input type="checkbox"/> Recreational Marine Drivers License | <input type="checkbox"/> Australian Sailing Assistant Dinghy Instructor |
| <input type="checkbox"/> Marine Radio Operator's Certificate | <input type="checkbox"/> Australian Sailing Dinghy Instructor/Coach     |
| <input type="checkbox"/> Race Officer Accreditation          | <input type="checkbox"/> Australian Sailing Keelboat Instructor         |
| <input type="checkbox"/> CPR/First Aid                       | <input type="checkbox"/> RSA -Responsible Service of Alcohol            |

**YACHT/DINGHY OWNERS****Vessel Details for CYC Yacht/Dinghy Register:**

Name of Vessel: _____	Year of Build: _____
Class/Design: _____	Sail No.: _____
Vessel Registration No.: _____	Insurer: _____
Dimensions (m): LOA: _____ Beam: _____ Draught: _____	
Registered Owner: _____	

**IMPORTANT NOTES FOR VESSEL OWNER/OWNERS' REPRESENTATIVE:**

The use of the Cairns Yacht Club pontoon, berths and jetty facilities is subject to terms and conditions as set out in the CYC by laws & policies and in accordance with the terms of the licence of use granted by Ports North, including:

- o All vessels using the Club facilities must be covered by a current Comprehensive Insurance policy.
- If you only have Third Party Insurance cover you must arrange berthing through the marina office.
- o No commercial activities are permitted other than in the ordinary course of the Cairns Yacht Club:
- o Vessel owner contact details will be furnished to the Ports North marina office.

Members intending to participate in Cairns Yacht Club races will be required to complete a 'YA Special Regulations Equipment Audit Form - Cat 6' of the applicable year. Forms are available from the CYC office or from the CYC website.

**NEW MEMBER PROPOSALS**

<b>Proposed By:</b> _____	<b>Signature:</b> _____	<b>M/Ship No:</b> _____
<b>Seconded By:</b> _____	<b>Signature:</b> _____	<b>M/Ship No:</b> _____
<b>Introductory Comments:</b> _____		

**PAYMENT DETAILS**

I/we enclose payment of \$ \_\_\_\_\_

**OR** Direct Deposit to CAIRNS YACHT CLUB,  
BSB: 633-000, ACCOUNT: 126654060  
REFERENCE: Your Name

**OR** authorise the Cairns Yacht Club to debit my Visa/Mastercard  
Cardholder Name: \_\_\_\_\_

Card # \_\_\_\_\_ Expiry : \_\_\_\_\_

**Applicant Declaration:**

I/we wish to join the Cairns Yacht Club and agree to be bound by the terms of the Club's constitution and by laws.  
I/we enclose/authorise payment of the applicable fees as indicated above.

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

**CONTACT US**

**Phone:** (07) 4031 2750

**Web:** [www.cairnsyachtclub.com](http://www.cairnsyachtclub.com)

**Email:** [admin@cairnsyachtclub.com](mailto:admin@cairnsyachtclub.com)

**Address:** Marina Point, Pierpoint Rd, CAIRNS QLD 4870

**Mail:** PO Box 279 CAIRNS QLD 4870

**OFFICE USE ONLY:**

Date Form Rcvd: _____	Date Presented to ECM: _____	Authorised: _____
Date Payment Rcvd: _____	Amount: _____	Method: _____
		Receipt No.: _____