



NOMINATION FOR MEMBERSHIP - APPENDIX 1 FAMILY MEMBERSHIP APPLICATION

PLEASE USE BLOCK LETTERS

Name of **PRIMARY APPLICANT** (as per Nomination Form): _____
Membership Type: _____

PRIMARY APPLICANT'S SIGNATURE: _____ **DATE:** _____

SPOUSE/PARTNER DETAILS

FIRST NAME: _____ MIDDLE NAME/S: _____ SURNAME: _____

ADDRESS (IF DIFFERENT FROM PRIMARY APPLICANT): _____

_____ Post Code: _____

DATE OF BIRTH: ____ / ____ / ____ OCCUPATION: _____

PHONE - Home: _____ Email: _____ Mobile: _____

*CHILD/CHILDREN DETAILS

1ST CHILD

FIRST NAME: _____ MIDDLE NAME/S: _____ SURNAME: _____

DATE OF BIRTH: ____ / ____ / ____

2ND CHILD

FIRST NAME: _____ MIDDLE NAME/S: _____ SURNAME: _____

DATE OF BIRTH: ____ / ____ / ____

3RD CHILD

FIRST NAME: _____ MIDDLE NAME/S: _____ SURNAME: _____

DATE OF BIRTH: ____ / ____ / ____

4TH CHILD

FIRST NAME: _____ MIDDLE NAME/S: _____ SURNAME: _____

DATE OF BIRTH: ____ / ____ / ____

PLEASE NOTE:

*Family Membership category for children applies **only up to the age of eighteen years**. Once a child reaches the age of eighteen years they are no longer eligible to be covered under the Family Membership. Please contact Membership Services at MHYC for further information regarding this matter.

* Social Family Membership - Youth membership is fee of \$45 per child.

S:\My Documents\Membership\2013_14\Nomination Form--Family_201314.doc

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