GOOLWA REGATTA YACHT CLUB INC.				
Founded 1854 Membership Application			P.O. Box 321 Goolwa, SA 5214 Telephone: 08 85 Facsimile: 08 85 Email: gryc@gryc.	555 3747
Application for: (Pleas	e circle)			
Senior Ass	ociate (Sailability or Disco	over Sailing) Student	Junior	
APPLICANT'S DE	TAILS:			
Surname:	arname:Given Names:			
Postal address:		City:		
State: Postcode:	: Email:			
Tel (B)	Tel (H)	Mobile:		
Preferred Name: Partner's Name:				
Date of birth:	Profe	ession:		
Are you introducing a bo	bat to the club?	Yes / No		
Name of boat: Class:				
Registration No Sail No				
Are you a crew member	on a GRYC member's	boat? Yes /	No	
If Yes, Name of Boat &				
Would you like to volunteer: For Bar Roster?			Yes / N	
For assisting with Social events? Yes / I, the undersigned, hereby acknowledge that if accepted as a member of the Goolwa Regatta Yacht				0
I, the undersigned, hereby ac will at all times be bound by			0	b Inc,
Applicant's Signature:				
Proposer:Signature:				
Seconder:Signature:				_
(Note: Only	Senior, Life or Veteran Memb	bers may nominate and second n	new members)	
Office use only	1: Date lodged (M)	2: Committee outcome (S)	3: Applicant advised (S)	
Since use only	. Date totagett (111)	2. Committee outcome (5)	S. Typheant advised (5)	
4: Invoice posted (S/M)	5: Subscription paid (M)	6: GRYC Access # created (M)	7: Entered on MYOB (A	A)
8: Name card created (M)	9: Membership card created (M)	10: Filed (M)	11: Archived (M)	