



Sirsi Yacht Club Incorporated
Level 3, 135-153 New South Head Road
PO Box 238
Edgecliff NSW 2027
Tel. (02) 9469 5505

Sirsi Yacht Club Nomination for Membership

Member No: _____

We, the undersigned, nominate for Membership:

Title: Mr / Ms / Mrs / Miss / Master / Dr / Other _____

Surname _____ Given Names _____

As a BOAT OWNER SIRSI ASSOCIATE

We submit the following details in respect of the stated Nominee:

Private Address _____

_____ Post Code _____

Postal Address (if different from above) _____

_____ Post Code _____

Date of Birth ____ / ____ / ____

Phone: _____ Mobile: _____

Email Address: _____ Driver's Licence No.: _____

Name of Vessel: (if applicable) _____ Vessel Rego No: _____

Type/Design: _____ Length Overall: _____ Vessel Location: _____

Boating Interests: fishing twilights cruising

Other Club Memberships/Interests: _____

Proposed By _____ Membership Number _____

Proposer Signature _____ Date _____

Seconded By _____ Membership Number _____

Seconder Signature _____ Date _____

I agree to the above nomination:

Signature of Nominee _____ Date _____

Nominee must complete payment details overleaf



Sirsi Yacht Club Incorporated
Level 3, 135-153 New South Head Road
PO Box 238
Edgecliff NSW 2027
Tel. (02) 9469 5505

PAYMENT INFORMATION

I wish to pay annually

I wish to pay by Cash Cheque Direct Deposit Credit Card

Annual Subscription \$ _____ to 30 June 2017 \$40.00

Additional Charges \$ _____ Burgee \$67.00

Total Payable \$ _____ (GST inclusive)

Payment is to be made upon lodgement of your application - cheques must be made payable to Bitova Pty Ltd and posted to PO Box 238 Edgecliff NSW 2027 or direct deposit into bank account name Bitova t/a Sirsi Marina, BSB 012 204, Account No. 836442773 include in the reference SYC 'Nominee Surname'. Alternatively payment can be made using a credit card by completing the Authority to Debit Credit Card details below. Completed forms should be emailed to ar@rathdrum.com.au. For further information please contact Membership Services on 02 94695505.

AUTHORITY TO DEBIT CREDIT CARD

I/We _____ Of (Company Name) _____

Request and authorise Bitova Pty Ltd t/a Sirsi Marina (ABN 84 071 155 818) to debit the total Payable, via the nominated credit card account as follows:

Card Number

Expiry Date / **CCV** **Card Type** Visa Mastercard AMEX

Card Holders Name

Card Holders Signature

_____ X _____

Email Address (for Receipt)

Date: _____

This Form must be returned to ar@rathdrum.com.au