

APPLICATION FOR AFFILIATION

CLUB MEMBER

The purpose of this form is to:

1. Apply for initial affiliation for a Club Member;
2. Ensure that we have correct office bearer information;
3. Enable our club email communications to reach the correct club contact address; and
4. Maintain correct club address, club contact information and training program details on our website.

Privacy

- Yachting NSW is collecting these details for the purpose of application for initial affiliation.
- This information will not be disclosed to third parties.
- You have the right to access the information held about you by Yachting NSW.

FOR EASE OF PROCESSING, PLEASE ENSURE ALL AREAS ARE FILLED OUT.

CLUB DETAILS			
Name of Club:			
Postal Address:			
Suburb:			
State:		Postcode:	
Phone:		Fax:	
Email:			
Website:			

AFFILIATION DECLARATION	
<p>Please be advised that the above Club is seeking affiliation with Yachting NSW. In requesting affiliation, we accept the constitution, policies, regulations and resolutions of Yachting NSW. Accordingly, application for affiliation is now submitted.</p> <p>I certify that the information provided in this Application is accurate and that the Club has as one of its objectives to promote the sport of sailing.</p>	
Name:	Position:
Signature:	Date:

Club Contact Details

*Yachting NSW requires the contact details for these positions

CLUB COMMITTEE DETAILS				
Primary Office Bearers				
* COMMODORE/ PRESIDENT	Name:			AS Number:
	Address:			
	Suburb		Postcode:	
	Phone H:		Phone M:	
	Email:			
* SECRETARY	Name:			AS Number:
	Address:			
	Suburb		Postcode:	
	Phone H:		Phone M:	
	Email:			
* TREASURER	Name:			AS Number:
	Address:			
	Suburb		Postcode:	
	Phone H:		Phone M:	
	Email:			
SAILING MANAGER	Name:			AS Number:
	Address:			
	Suburb		Postcode:	
	Phone H:		Phone M:	
	Email:			
MEMBERSHIP SECRETARY	Name:			AS Number:
	Address:			
	Suburb		Postcode:	
	Phone H:		Phone M:	
	Email:			

YACHTING NSW KEY CLUB CONTACT – Primary club contact for distributing YNSW information to your club about regattas, events, courses etc. You may tick the corresponding box below if your club contact is one of the above positions.				
<input type="checkbox"/> Commodore/President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Sailing Manager <input type="checkbox"/> Membership Secretary <input type="checkbox"/> Other				
Position Title:				
Name:			AS Number:	
Address:				
Suburb		Postcode:		
Phone H:		Phone M:		
Email:				

Club Information – Structure and Facilities

Yachting NSW also require as much information about your club as possible including what classes of boat are sailed, club facilities that are available etc.

CLUB STRUCTURE			
When was your club established?			
Is your club located on leasehold or freehold land?		<input type="checkbox"/> Leasehold	<input type="checkbox"/> Freehold
Does your club employ any full time staff		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approximate date of club AGM			
Approximate date of regular club meetings			
What is your club's financial year end?			
Does your club have:		<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter
CLUB FACILITIES			
TYPE OF BOATS SAILED AT YOUR CLUB Please specify in spaces provided the number of boats sailed at your club.		CLASSES SAILED AT YOUR CLUB Please specify the different classes that are sailed at your club and provide the number of each class.	
Type of boat	Number sailed	Class	Number sailed
Sailboard			
Dinghy			
Catamaran			
Trailer Yacht			
Inshore Yacht			
Offshore Yacht			
Multihull			
Other			
CLUB BOATS			
Number of committee vessels and safety boats at your club > 7.5m			
Number of committee vessels and safety boats at your club < 7.5m			
OTHER CLUB FACILITIES – please tick the facilities available at your club.			
<input type="checkbox"/> Bar	<input type="checkbox"/> Disabled access	<input type="checkbox"/> Laundry facilities	<input type="checkbox"/> Rigging – lawn
<input type="checkbox"/> Disabled bathroom	<input type="checkbox"/> Fuel	<input type="checkbox"/> Marina	<input type="checkbox"/> Rigging – sand
<input type="checkbox"/> BBQ	<input type="checkbox"/> Function centre	<input type="checkbox"/> Member parking	<input type="checkbox"/> Sailing School
<input type="checkbox"/> Boat Storage	<input type="checkbox"/> Gym	<input type="checkbox"/> Mooring buoys	<input type="checkbox"/> Showers
<input type="checkbox"/> Canteen	<input type="checkbox"/> Hall hire	<input type="checkbox"/> Mooring pens	<input type="checkbox"/> Slipway
<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Hard stand	<input type="checkbox"/> Playground	<input type="checkbox"/> Tender service
<input type="checkbox"/> Crane	<input type="checkbox"/> Launching ramp – Cement	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Wharf/Pontoon
<input type="checkbox"/> Cruising division	<input type="checkbox"/> Launching Ramp – Sand	<input type="checkbox"/> Rigging – cement	

Club Membership

Please complete the following membership information as at the time of your application:

MEMBERSHIP NUMBERS		Other membership categories:
Membership Type	Number of Members	
Adult		
Youth		
Other (please specify additional membership types in the table to the right)		
TOTAL		

Description of club or racing program

Information may be attached - Please restrict to 200 words

[illegible]

SUPPORTING DOCUMENTATION

Please ensure that you provide copies of the following documentation with your application.

<input type="checkbox"/>	Club Constitution
<input type="checkbox"/>	Insurance Certificate of Currency
<input type="checkbox"/>	Description and photo of Burgee/Flag

Return forms to Email: Declan.brennan@sailing.org.au

OR

Address: Yachting NSW
Locked Bag 806
Milsons Point NSW 1565