



East Fremantle Yacht Club (Inc)

PO Box 26, Palmyra WA 6957 Tel: 9339 8111 Fax: 9339 2424 Email: [reception@efyc.com.au](mailto:reception@efyc.com.au)

**MEMBERSHIP APPLICATION FORM - 2023/2024**

**PRIMARY MEMBER DETAILS**

Mr/Mrs/Miss/Ms Surname: ..... First Name: .....  
Home Address: ..... Post Code: .....  
Postal Address (if applicable) ..... DOB (Compulsory):.....  
Phone (H): ..... (W): ..... Mobile: .....  
Occupation: ..... \*Email: .....  
*\*NB: Statements will automatically be sent to your email address or otherwise will be posted to your home address*

**OTHER MEMBER DETAILS (COUPLE & FAMILY MEMBERSHIPS ONLY)**

**SECONDARY MEMBER:**

Mr/Mrs/Miss/Ms Surname: ..... Name: .....  
Home Address: ..... Post Code: .....  
Postal Address (if applicable) ..... Category Applied for: .....  
Phone (H): ..... (W): ..... Mobile: .....  
Occupation: ..... \*Email: ..... DOB (Compulsory): .....

**JUNIOR FAMILY MEMBERS (FAMILY MEMBERSHIPS):**

1. Mstr / Miss Surname: ..... First Name: .....  
Date of Birth (Compulsory) .....  
2. Mstr / Miss Surname: ..... First Name: .....  
Date of Birth (Compulsory) .....  
3. Mstr / Miss Surname: ..... First Name: .....  
Date of Birth (Compulsory) .....

**MEMBER INFORMATION**

To assist us with making your Membership with the East Fremantle Yacht Club more enjoyable, please nominate a primary section within the Club that most strongly identify with. Please note that members are welcome to participate in events across all sections.

SOCIAL SECTION  CENTREBOARD SECTION   
POWER SECTION  KEELBOAT SECTION

**MEMBERSHIP**

Have you previously been a member of East Fremantle Yacht Club? Yes / No  
I have previously been a Member of ..... Yacht Club  
Has Membership been refused or terminated at a similar organisation? Yes / No  
I would be interested in assisting the Club by volunteering in some capacity. Yes / No

**NEW MEMBERS MEETING**

All Applicants are required to attend a New Members meeting. These briefings are conducted on the third Friday of each month and take approximately 30 minutes. Applicants will be advised in writing of a date and time. If you are unable to attend a New Members meeting please let our staff know at [reception@efyc.com.au](mailto:reception@efyc.com.au) or (08) 9339 8111.

## ANNUAL MEMBERSHIP DETAILS - SENIOR

Senior Members are entitled to Voting, Secure Parking, Gymnasium Access & Free Function Room Hire (terms & conditions apply).

### Charged Quarterly

CATEGORY	Tick One	Membership~	Capital Works Levy^	House Support System*	TOTAL FEES
SENIOR MEMBER	<input type="checkbox"/>	\$695	\$124	\$360	\$1,179
SENIOR FAMILY *	<input type="checkbox"/>	\$975	\$124	\$360	\$1,459
SENIOR COUPLE	<input type="checkbox"/>	\$1,135	\$124	\$360	\$1,619
ADDITIONAL FAMILY	<input type="checkbox"/>	\$200	N/A	N/A	\$200
GYM MEMBER					

### MARINA USAGE OPTIONS – only one applies

Pen or Mooring Holder	<input type="checkbox"/>	\$290
Boat Ramp Access Only	<input type="checkbox"/>	\$145

TOTAL FEES \$ \_\_\_\_\_

### IMPORTANT INFORMATION:

~Membership fees charged as a lump sum pro-rata from month of joining until 30 June.

^CWL charged \$31 per quarter (Jun, Sep, Dec, Mar).

\* HSS charged \$90 per quarter (Jun, Sep, Dec, Mar).

HSS is redeemable for 6 months after the HSS invoice is issued. Requests for Refunds or Reinstatements of expired HSS will not be agreed. x

Senior family membership includes access to the gym for 1 person. Additional family members can apply for gym access for an additional \$200 per person.

## ANNUAL MEMBERSHIP DETAILS – SOCIAL & OTHER

### Charged Quarterly

CATEGORY	Tick One	Membership~	Capital Works Levy^	House Support System*	TOTAL FEES
SOCIAL MEMBER	<input type="checkbox"/>	\$290	\$62	\$360	\$712
SOCIAL COUPLE	<input type="checkbox"/>	\$480	\$62	\$360	\$902
SOCIAL FAMILY	<input type="checkbox"/>	\$570	\$62	\$360	\$992
SOCIAL GYM MEMBER	<input type="checkbox"/>	\$570	\$62	\$360	\$992
SOCIAL GYM COUPLE	<input type="checkbox"/>	\$865	\$62	\$360	\$1,287
RECIPROCAL MEMBER	<input type="checkbox"/>	\$235	N/A	N/A	\$235
COUNTRY MEMBER	<input type="checkbox"/>	\$345	\$62	\$0	\$407

OTHER MEMBERSHIP TYPE (please refer to the schedule of fees)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

### PARKING OPTIONS

Secure Parking Per Vehicle (if applicable) \_\_\_\_\_ vehicles x \$125 = \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

### IMPORTANT INFORMATION:

~Membership fees charged as a lump sum pro-rata from month of joining until 30 June.

^CWL charged \$15.50 per quarter (Jun, Sep, Dec, Mar).

\* HSS charged \$90 per quarter (Jun, Sep, Dec, Mar).

HSS is redeemable for 6 months after the HSS invoice is issued. Requests for Refunds or Reinstatements of expired HSS will not be agreed.

**PROPOSER & SECONDER**

\*The Club Constitution requires all new membership applications to be endorsed by a proposer and seconder. Only life, Senior and Country members may endorse or second a membership application. In signing below, you declare that in good faith you verify that the applicant is of good character and will abide by the club rules and regulations.

Proposer name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secunder name: \_\_\_\_\_

Signature: \_\_\_\_\_

If your application cannot be proposed or seconded, members of our Executive team are available to review and possibly support your application. Please contact the office to arrange a mutually suitable meeting time.

**EMERGENCY CONTACT**

Please provide a person for the Club to contact in the case of an emergency.

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**MEMBERSHIP DECLARATION**

In the event of my election, I will abide by the Constitution and the Rules of the East Fremantle Yacht Club (Inc.) and any regulations for the time being in force. I acknowledge that I am liable for all unpaid subscription fees incurred by me, and in the event of default, any debt collection costs incurred by EFYC to recover debt.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Second Applicant's Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**FINANCIAL**

**PAYMENT METHOD**

Cash ( ) Cheque ( ) Visa ( ) MasterCard ( ) OTHER ( ) .....

**CARD NUMBER**

**EXPIRY**

**CVV**

/

Cardholders Signature: .....

Date: ...../...../.....

I would like to pay for my future Membership Fees and Charges by Direct Debit Y / N

Authorising Signature \_\_\_\_\_

\* Direct Debit Forms will be sent once your Membership has been approved  
\*\*Charges such as House Support (HSS) and Capital Works Levy are payable quarterly and If these remain outstanding for more than 30 Days, the EFYC charge an Account Fee, so we request all Members use the Direct Debit Option.

**OFFICE USE ONLY**

RECEIVED .... / .../..... AMOUNT RECEIVED \$..... WAITLISTED .... / .../..... CHARGE A/C .... / .../.....