



## APPLICATION FOR SOCIAL/CREW MEMBERSHIP

## **Social/Crew Membership Benefits**

<ul><li>Use of the Club Restaurant &amp; Bar</li><li>Opportunity to book Club Events</li></ul>	<ul><li>Receive regular newsletter &amp; promotional emails</li><li>Be part of the PFSYC family</li></ul>	
Please select which type of Mer		g for:
For an application to be approved, all fields	must be filled out. Please	e print details clearly.
itle Given Names	Surname	DOB//
lome Address		P/Code
Postal Addressif different to above)		P/Code
Mobile Email		
Occupation	Employer	
Emergency Contact	Ph Re	elationship
Preferred contact method Residential Address Postal Address Email Address		
How often will you attend the Club? Weekly Monthly Annually		
Please list any boating experience you have:		
Yes, I would like to donate to the Hew J	<b>arman Fund</b> Jarman Fund for the Junior Dev	elopment Program
DEC	LARATION	
I declare that the information contained herein is true and accurate. I agree to abide by the Club Constitution, Rules & Policies, as amended from time to time.		
	<b>.</b>	,

Signature of Applicant \_\_\_\_\_\_ Date \_\_\_/\_\_\_\_