



## CANTERBURY TRAILER YACHT SQUADRON (inc)

### APPLICATION FOR MEMBERSHIP

Membership Secretary  
Irene Hawke  
120 Richardson Terrace  
Christchurch 8023

Phone 389 9659

Mr/Mrs/Miss/Ms \_\_\_\_\_  
Surname Christian Names

Address: No and Street \_\_\_\_\_

Town / City \_\_\_\_\_ Postcode \_\_\_\_\_

Phone No: \_\_\_\_\_ Business No \_\_\_\_\_

Fax No \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Proposer\* \_\_\_\_\_  
Name Signature

Secunder\* \_\_\_\_\_  
Name Signature

\* Must be a financial member of CTYS

I am a financial member of \_\_\_\_\_ Yacht Club

CTYS Membership fee \$23 includes NZTYA Levy

I wish to apply for membership of the Canterbury Trailer Yacht Squadron and agree to abide by the CTYS rules.

Please find attached my cheque for \$ \_\_\_\_\_

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

Spouses name \_\_\_\_\_

#### BOAT REGISTER DETAILS

Boat Name \_\_\_\_\_ Design or class \_\_\_\_\_

Boat Length \_\_\_\_\_ Sail Number \_\_\_\_\_

Radio Call sign \_\_\_\_\_ Registered with Yachting NZ Yes / No

Is the Boat insured and with 3<sup>rd</sup> party cover Yes / No

**I am willing to help with:** Working Bees Sailing Tuition Committee Work

**I require:** CTYS Pennant \$15 CTYS Lapel Badge \$5 Group Insurance Sailing Tuition  
Please circle your requirements