



CANTERBURY TRAILER YACHT SQUADRON (Inc.)

MEMBERSHIP APPLICATION FORM

Membership Secretary – Linda Lilburne – PO Box 8350 Riccarton 8440 - Phone 332 2502
Email: ctys.membership@gmail.com

Full name Mr/ Mrs/ Miss/ Ms _____

Full Postal Address _____

_____ Post Code _____

Phone Number _____ Business _____

Email Address _____

Occupation _____

Proposer Name _____ Signature _____

Seconder Name _____ Signature _____

Both must be a financial member of CTYS

I am a financial member of _____ Yacht Club

CTYS membership fee \$40 includes NZTYA Levy

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

I will pay the fee by internet bank transfer, the Bank account number for on line transactions

03 0823 0393271 000 _____ By Cheque _____ By Cash _____

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 with 3rd party cover Yes / No

I am willing to help with Working Bees / Committee work / Sailing tuition

I require a CTYS Pennant \$15 / CTYS Lapel Badge \$5 / Group Insurance / Sailing Tuition

Please circle your requirements