



Cruising Yacht Club of South Australia

Lady Gowrie Drive, North Haven SA 5018

08 8248 4222 | reception@cyrsa.com.au

SOCIAL MEMBERSHIP

Application Form

Mr/Mrs/Ms/Dr/Other _____

Surname _____ Christian names _____

D.O.B _____

Address _____

Postal Address (if different from above) _____

Mobile _____ Phone (business hours) _____

Email _____

Occupation _____ Employer _____

Member Signature _____ Date _____

I apply for membership of the Cruising Yacht Club of SA Inc (CYCSA) and undertake, if elected, to be governed by the Club's Constitution and observe those rules and regulations. I declare that the information I have provided is true and correct.

If referred by member (member name) _____

Credit Card Number _____ Expiry Date _____

Member Category – Office Use Only

- Social
- Ramp
- Wedding
- Sponsor / Corporate
- Marine Academy
- Other