

APPLICATION FORM

# RYCV CORPORATE MEMBERSHIP



ROYAL YACHT CLUB OF VICTORIA

[rycv@rycv.asn.au](mailto:rycv@rycv.asn.au) | 03 9397 1277

120 Nelson Place (PO Box 51) Williamstown VIC 3016

## OFFICE USE ONLY

Name \_\_\_\_\_ Category \_\_\_\_\_

Approved by \_\_\_\_\_ Payment received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Payment type: \_\_\_\_\_ Received by: \_\_\_\_\_

Member No. \_\_\_\_\_ Australian Sailing No.: \_\_\_\_\_

## RYCV CORPORATE MEMBERSHIP

**COMPANY NAME:**

COMPANY REPRESENTATIVE:

POSTAL ADDRESS:

CITY:

STATE:

POSTCODE:

EMAIL:

TELEPHONE:

FINANCIAL CONTACT:

POSTAL ADDRESS

CITY

STATE

POSTCODE

TELEPHONE:

EMAIL:

### NOMINATE ASSOCIATES

Sailing

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

### REFEREES (IF APPLICABLE)

Referee 1:

Referee 2:

Phone:

Phone:

**DECLARATION:**

I ..... of .....  
 (Print) (Company Name)

being the representative of the company that appears on this application hereby declare that I have answered all questions contained on this application and the information supplied is to the best of my knowledge true and correct.

Signature of representative .....

Date .....