THIS FORM IS FOR A NEW MEMBERSHIP APPLICATION ONLY Please complete this form with all required signatures and the appropriate fee (see reverse) & return to the Membership Secretary, MYC. D NOT USE THIS FORM TO RENEW AN EXISTING MEMBERSHIP. Please email membership.myc@gmail.com or renew online through CL FAMILY / ORDINARY MEMBERSHIP APPLICATION 2020/2021 Mem No. / **Lead Applicant:** First Name Family Name Address: House Name / House Number St. James' Terrace, Street Malahide. Town / Postcode County Co. Dublin. Fmail Address: Web: www.myc.ie **Contact Numbers:** 353-1-home number 353-8 mobile number **FAMILY** Your Partner: **MEMBERSHIP** College if over 18 Born: **ONLY** DD/MMM/YYYY Your College if over 18 Born: DD/MMM/YYYY Partner/Spouse College if over 18 First Name Surname Born: DD/MMM/YYYY & Children College if over 18 First Name Born: DD/MMM/YYYY I accept and agree to abide by the current rules of Malahide Yacht Club. DD/MMM/YYYY **Your Signature:** Signature Date NAME OF CLUB MEMBER BLOCK CAPITALS Proposed by: Signature NAME OF CLUB MEMBER BLOCK CAPITALS Seconded by: Signature **Boat Name:** Boat 1 Boat 2 Your Boat(s) Boat Type: Boat 1 Boat 2 Boat 1 Boat 2 Class: Boat Storage Req'd? Yes No **Messages from MYC** to You & your **Family** Please contact me by email about Please contact my partner by email about Please tick all appropriate boxes PLEASE DO NOT SEND ME MESSAGES

Malahide Yacht Club

St James's Terrace, Malahide, Co. Dublin.



MEMBERSHIP APPLICATION 2021/22

Please complete the Membership Application Form overleaf and return it to the club marked for the attention of the Membership Secretary. Please include the names of the two members proposing you for membership and ask them to sign your form before returning it to the club. If you do not know existing members who can support your application please let me know (a quick email to membership.myc@gmail.com) and I can arrange this for you.

All cadet members included in a family membership should also include their date of birth and if over 18 should include the name of educational establishment at which they are FULL TIME students. Please also make full use of the section relating to club messages. Once received an acknowledgement of receipt of your application will be sent if you have provided a valid email address. Your application	ation on of
Once received an acknowledgement of receipt of your application will be sent if you have provided a valid email address. Your applic	on of
form will be posted for a minimum of 14 days on the Membership Notice-board in the clubhouse in St James's Terrace. On completi this procedure your application will be considered for election by the Executive Committee and will be duly elected if approved majority of the committee members at the monthly meeting. The membership secretary will contact you in writing as soon as possible that meeting to let you know the outcome of your application. Looking forward to welcoming you to Malahide Yacht Club	-
Stephanie Hogan Hon. Membership Secretary MYC membership.myc@gmail.com	
Membership Subscriptions: BOAT STORAGE ANNUAL	
Sailing Membership Step Up to Ordinary (Young Adults) Optimist €60	
Family €500 Associate (Year 1) €190 Large Dinghy €120	
Ordinary €380 Associate (Year 2) €280 Kona	
Cadet €115 Note: Full Ordinary Rate applies in Year 3 Feva/420 /Laser/Topaz €110	
Country €190 Topper €75	
Overseas €105 Non Sailing Membership Laser 2000/470 €110	
Pavilion €105 Catamarans €240	
X Please Tick all Relevant boxes	
CRUISER WINTER STORAGE (Max size 7metre)	
Cheque Payments: Boat Length: 17 ft / 5m €125	
Cheque for full amount enclosed € .00 19 ft / 6m €150	
2 Cheques enclosed (1 post dated 30April) total: € .00 23 ft / 7m €175	
2 circles circles a file post dated sorphily total.	
On-Line Payments:	
Payment through our online system CIUBFORCE at www.myc.ie is the preferred payment method.	
Credit / Debit Card Payments if no access to on-line :	
Card No.:	
Card Expires: * DEBIT CARD CREDIT CARD	
*PLEASE NOTE PAYMENTS CANNOT BE PROCESSED WITHOUT CARD EXPIRY DATE	
Cardholders Name: (BLOCK CAPITALS)	
Total Amount to Debit € .00	
Cardholders Signature:	