



# NOMINATION FOR MEMBERSHIP - APPENDIX 1

## FAMILY MEMBERSHIP APPLICATION

PLEASE USE BLOCK LETTERS

Name of **PRIMARY APPLICANT** (as per Nomination Form): \_\_\_\_\_  
Membership Type: \_\_\_\_\_

**PRIMARY APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### SPOUSE/PARTNER DETAILS

FIRST NAME: \_\_\_\_\_ MIDDLE NAME/S: \_\_\_\_\_ SURNAME : \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM PRIMARY APPLICANT): \_\_\_\_\_  
Post Code: \_\_\_\_\_

DATE OF BIRTH: \_/\_/\_ OCCUPATION: \_\_\_\_\_

PHONE Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email \_\_\_\_\_

### \*CHILD/CHILDREN DETAILS

#### 1<sup>st</sup> CHILD

FIRST NAME: \_\_\_\_\_ MIDDLE NAME/S: \_\_\_\_\_ SURNAME : \_\_\_\_\_

DATE OF BIRTH: \_/\_/\_

#### 2<sup>nd</sup> CHILD

FIRST NAME: \_\_\_\_\_ MIDDLE NAME/S: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_/\_/\_

#### 3<sup>rd</sup> CHILD

FIRST NAME: \_\_\_\_\_ MIDDLE NAME/S: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_/\_/\_

#### 4<sup>th</sup> CHILD

FIRST NAME: \_\_\_\_\_ MIDDLE NAME/S: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_/\_/\_

### PLEASE NOTE:

\*Family Membership category for children applies **only up to the age of eighteen years**. Once a child reaches the age of eighteen years they are no longer eligible to be covered under the Family Membership. Please contact Membership Services at MHYC for further information regarding this matter.

\* Social Family Membership - Youth membership is fee of \$50 per child.

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