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Royal Cape Yacht Club
 PO Box 772, Cape Town, 8000
 Tel: 021 421 1354 Fax: 021 421 6028
 Email: info@rcyc.co.za
www.rcyc.co.za



Personal Details	
Surname:	
First Name:	
Preferred Name:	
ID Number or Passport Number:	
Occupation:	
Date of Birth:	
Cell No:	
Email Address:	
Home Telephone Number:	
Work Telephone Number:	
Residential Address	
Postal Address:	

Membership Type	Requested	Annually	Monthly Debit Order
ORDINARY	<input type="checkbox"/>	R3485:00	R350:00
ABSENTEE LOCAL	<input type="checkbox"/>	R1620:00	R 162:00
ABSENTEE FOREIGN	<input type="checkbox"/>	R1295:00	R130:00
FAMILY	<input type="checkbox"/>	R695:00	R70:00
JUNIOR : 16 Years and Over	<input type="checkbox"/>	R695:00	R70:00
CADET : Up to 18 Years	<input type="checkbox"/>	R250:00	R25:00
INTERMEDIATE : 18 TO 28 Years	<input type="checkbox"/>	R1720:00	R172:00

* Please ask reception or find descriptions of each membership category on the website www.rcyc.co.za

Thank you for completing this form!

Please also complete the Proposer and Seconder Section that follows.

Royal Cape Yacht Club Constitution

I hereby confirm that I have read, understood and agree to abide by those rules and regulations contained within the Royal Cape Yacht Club Constitution and Bye-laws

Signature of Candidate

PROPOSER

Full Name of Proposer: _____

Signature of Proposer: _____

Membership Number: _____

Date: _____

SECONDER

Full Name of Seconder: _____

Signature of Seconder: _____

Membership Number: _____

Date: _____

Declaration by Proposer and Seconder

We, Proposer and Seconder of the above candidate, declare that he/she has been personally known to us socially for _____ years and _____ years respectively, and that in our opinion he/she is a fit and proper person to become a member of the Club.