



Royal Cape Yacht Club

PO Box 772 Cape Town 8000
Tel 021 421 1354 Fax 021 421 6028
Email membership@rcyc.co.za
Web www.rcyc.co.za

**ATTACH ID PHOTO
OR EMAIL TO
MEMBRSHIP**

APPLICATION FOR MEMBERSHIP

Personal Details	
Title	
First Name	
Surname	
Preferred Name	
Name Of Company	
ID Number	
DATE OF BIRTH	
Cell Number	
E-mail Address	

Postal Address	

Residential Address	

MEMBERSHIP CATEGORY

Membership Type	Requested Membership	Annually	Monthly Debit Order (Pro-rated on Application)
ORDINARY	MARK	R4,235.00	ON REQUEST
ABSENTEE LOCAL	MARK	R1,970.00	ON REQUEST
ABSENTEE FOREIGN	MARK	R1,575.00	ON REQUEST
FAMILY	MARK	R850.00	ON REQUEST
JUNIOR	MARK	R850.00	ON REQUEST
CADET : Up to 18 Years	MARK	R300.00	N/A
INTERMEDIATE : 18 TO 28 Years	MARK	R1,200.00	ON REQUEST
CORPORATE	MARK	R8,910.00 (3 card min)	N/A
REJOIN	YES NO	PREVIOUS CATAGORY	N/A

* Please ask Reception for the description of the various Membership Categories – or view at www.rcyc.co.za

Thank you for completing this Application Form!!

ARE YOU IN POSSESSION OF A SKIPPERS TICKET?	YES	NO
ARE YOU A BOAT OWNER?	YES	NO
NAME OF BOAT		
TYPE OF BOAT		



If YES please attach copy or email to membership.co.za

NB. - If you intend bringing a boat to RCYC – please discuss this with the Marina Manager, who will be able to verify availability of mooring space

Are you a member of any other club/s: ___ YES ___ NO

If yes, please state which club/s _____

RCYC 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 _____

DECLARATION BY PROPOSER AND SECONDER¹

We, Proposer and Secunder 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.

PROPOSER

Full Name of Proposer: _____

Signature of Proposer: _____

Membership Number: _____

Date: _____

SECONDER

Full Name of Secunder: _____

Signature of Secunder: _____

Membership Number: _____

Date: _____

¹ **Must both be Ordinary Members**

Thank you for completing this Application Form!!