Date:

2025 FACILITIES MEMBERSHIP APPLICATION

Name:	First Name			Middle Name	Last Name
Partner's Name:	I	First Name		Middle Name	Last Name
Address:		Street		City/Town	Province Postal Code
Telephone:		Home		Cell	Work
Email:				Occupation/Title:	
Boat Information	Boat Name:			Weight Range*:	
	Boat type:	Sail	Power:		Weight*: *Weight is in metric tonnes (1 ton = .907 tonnes)
	Boat size:	LOA ft.*:	Beam:	Draft:	reight is in metric tollies (1 toll = 1507 tollies)
		* LOA (length o	verall), Beam, and Draft are mea	sured in feet. (1 ft. = .3048 metr	es)
form to the RNYC Managattach it to an email addi Alternatively the form ca The Royal Newfoundland P.O. Box 14160, Station N Conception Bay South, N A1W 3J1 OR it can be dropped off	neral Manager Katin download and operated and digitally seed and digitally seed and digitally seed and to manager in be printed and individual digital seed and seed and seed and seed and seed on Board and seed	hy Evans. pen it using Acroba signed the form, ci nt, or, you can save r@rnyc.nf.ca. mailed to the Club at Information prov dication or authoriz cance of your applic lembers' Handbool	at Reader and select the lick SUBMIT to email the the completed form and at the following address: ided above and required ration provided to use cation.		Membership Fee: Sail Canada Fee: HST: TOTAL:
Sponsor Signatu Dat					
Sponsor Signature:				I have read	d and understood the RNYC Members' Handbook.
Date:				Applicant's Signatu	re:
				Dat	te:
Application Approv	al:				