Name:	First Name	Middle Name	Last Name Last Name		
Partner's Name:	First Name	Middle Name			
Address:	Street	City/Town	Province	Postal Code	
Telephone:	Home	Cell	Work		
Email:		Occupation / Title:			
Do you	own a boat docked within the head	dlands of Conception Bay?	No	Yes	
The RNYC Membership Application emailed to the RNYC General Mana	n Form is a PDF which can be digitally signed and ager Kathy Evans.				
To digitally sign the form downloa Fill & Sign option.	d and open it using Acrobat Reader and select the				
Once you have completed and dig	itally signed the form, click SUBMIT to email the account, or, you can save the completed form and manager@rnyc.nf.ca.				
Alternatively the form can be print The Royal Newfoundland Yacht Clu P.O. Box 14160, Station Manuels Conception Bay South, NL A1W 3J1	eed and mailed to the Club at the following address: ub				
OR it can be dropped off at the offi	ice.				
	cance of your application. You can pay by cheque of gh the Membership Fee page of the RNYC Online				
For more information call or email T. 709 834 5151 E. manager@rnyc.nf.ca.	RNYC General Manager Kathy Evans				
Sponsor Signature:			Fee	e:	
Date:			HS	Т:	
Sponsor Signature:			TOTA	L:	
Date:					
olication Approval:		Applicant Signature :			
Date:					