Name:	First Name			Middle Name	Last Name	
Partner's Name:		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*:	
	Boat size:	LOA ft.*:	Beam:	Draft:	*Weight is in metric tonnes (1 ton = .907 tonnes)	
		* LOA (length o	verall), Beam, and Draft are me	asured in feet. (1 ft. = .3048 metre	25)	
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 Kat in download and o seed and digitally siger's email accour ressed to manage in be printed and di Yacht Club Manuels II. at the office. is are based on Boa ompany your app	thy Evans.  Inpen it using Acrob  Isigned the form, on, on, you can save  Isigned to the Club  Isigned to the Club  Isigned to the Club  Isigned to the Club	at Reader and select the  click SUBMIT to email the the completed form and at the following address:		Membership Fee: Sail Canada Fee: HST: TOTAL:	
Application Approv	ral:			Applicant's Signatur	e:	
Da	te:			Dat	e:	