



APPLICATION FOR MEMBERSHIP OR MEMBERSHIP RENEWAL

Name: _____

ABN (if a company): _____

Trading as (if not as above): _____

Address of Operation: _____

Mailing Address (if not as above): _____

Phone: () _____ Fax: () _____

Email: _____ Website: _____

Nature of Business (please provide a description, up to 15 words, for the Australian Superyacht Directory listing): _____

Membership Applying for:

please tick

| | | | |
|--|--|---------------------------------|-------------------------------------|
| Corporate Member | | \$12,500 +GST | <input type="checkbox"/> |
| Corporate Member plus Cluster Membership: | NORMAL COST | DISCOUNTED FEE | |
| SYBA Corporate Member plus 3 Regional Clusters | (\$27,500 +GST) | \$17,500 +GST | <input type="checkbox"/> |
| SYBA Corporate Member plus 4 Regional Clusters | (\$32,500 +GST) | \$20,000 +GST | <input type="checkbox"/> |
| SYBA Corporate Member plus 5 Regional Clusters | (\$37,500 +GST) | \$22,500 +GST | <input type="checkbox"/> |
| SYBA Corporate Member plus 6 Regional Clusters | (\$42,500 +GST) | \$25,000 +GST | <input type="checkbox"/> |
| Please indicate Clusters to be included in Membership: | | | |
| <input type="checkbox"/> Brisbane | <input type="checkbox"/> Cairns | <input type="checkbox"/> Darwin | <input type="checkbox"/> Gold Coast |
| <input type="checkbox"/> Sydney | <input type="checkbox"/> Western Australia | | |
| Business Member | | \$3,000 +GST | <input type="checkbox"/> |

Payment details:

One annual payment due before 30 June each year or upon application for membership, whichever date is the latter.

Please forward membership application / renewal with remittance to: **Superyacht Base Australia**
PO Box 97, Chevron Island QLD 4217, Australia

OR direct credit remittance to: **Account Name: Superyacht Base Australia**
Bank of Queensland
BSB: 124-106 Account No: 1050 5226

Acknowledgment & Declaration

I/we being the party/parties named in the Application for Membership form acknowledge that:

All details and statements made by me/us on this Application for Membership form are complete and accurate.

I/we agree to become a member of SYBA in the class applied for.

I/we agree to be bound by the Constitution of SYBA.

If the Application for Membership form is signed by an attorney under power, the signatory states that, as done of the power of attorney, the signatory has no notice of revocation of the power under authority of which the Application Form is signed.

If the Application for Membership form is signed for a company, then, if no company seal is affixed to this Application for Membership form, the director(s) and/or secretary attest that the company has no company seal. If a company seal is affixed then the director(s) and/or secretary attest that the common seal was affixed in accordance with the company's constitution.

I/we have read and understood the Information Memorandum to which this Application for Membership form is attached.

The Board may accept or reject this application.

Signature

Witness

Signature

Witness

Date

Date

Approved Date _____