



ROYAL NEW ZEALAND YACHT SQUADRON



ROYAL NEW ZEALAND YACHT SQUADRON

APPLICATION FOR BOAT REGISTRATION WITH RNZYS

PARTICULARS OF OWNER(S):

PLEASE COMPLETE ALL SECTIONS

Date: _____

Name: _____ Membership Number: _____

Address: _____

Mobile: _____ Home: _____

Fax: _____ Work: _____

Email: _____

Other Owner Name: _____ Membership No: _____

Address: _____

PARTICULARS OF VESSEL:

Yacht

Motor Yacht

PLEASE TICK ONE

Boat Name: _____ Class/Type: _____

Sail Number: _____ Length Overall: _____

Year Launched: _____ Marina: _____

Name of Insurance Company: _____ Renewal Date: _____

Please remove my previous vessel from the RNZYS Boat Register

Boat Name: _____ Sail Number: _____

RNZYS SAILING OFFICE, PO BOX 46182 HERNE BAY AUCKLAND 1147
TEL: 09 360 6809 FAX: 09 360 6802 EMAIL: raceoffice@rnzys.org.nz

Office Use Only:
SAILING REGISTER

WEBSITE

MICROWPOWER