



**LAGOS YACHT CLUB**

**N I G E R I A**

Founded in 1932

Magazine Point  
(Near Army Officers Mess),  
Marina P.O. Box 613 Lagos  
Tel: 791 35 70  
[www.lagosyc.org](http://www.lagosyc.org)

## MEMBERSHIP APPLICATION

Member No. \_\_\_\_\_

Date of Election \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of the member spouse/partner  
\_\_\_\_\_

Member's children's names with age

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

### HOME ADDRESS

### OFFICE ADDRESS

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

GSM No. \_\_\_\_\_

Company Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Designation \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_

Signature / Date (See Legal Conditions Below)

GSM No. \_\_\_\_\_



FULL    CREWING    COUNTRY    JUNIOR    TEMPORARY    CORPORATE

Are you a member of another Club in Nigeria?

YES    NO

Are you / Have you been member of another sailing club?

YES    NO

If yes, please provide the name of the club.

\_\_\_\_\_

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**PROPOSER** (Full member elected for more than one year)

Name \_\_\_\_\_

Signature \_\_\_\_\_

**SECONDED BY** (Full member elected for more than one year)

Name \_\_\_\_\_

Signature \_\_\_\_\_

**MAIN COMMITTEE MEMBER**

Name \_\_\_\_\_

Signature \_\_\_\_\_



**DO NOT WRITE BELOW THIS LINE**

ENTRANCE FEE: ₦ \_\_\_\_\_ Once \_\_\_\_\_ Date of payment (filled by MSS): \_\_\_\_\_

SUBSCRIPTION: ₦ \_\_\_\_\_ every 6 months UP TO: / / Date of payment (filled by MSS): \_\_\_\_\_

CAPEX: ₦ \_\_\_\_\_ Date of payment (filled by MSS): \_\_\_\_\_

BAR ACCOUNT: ₦ 20,000 (min) Deposit Bar a/c opened? Y / N Date of payment (filled by MSS): \_\_\_\_\_

ANY OTHER NOTE \_\_\_\_\_

**LEGAL INDEMNIFICATION - PLEASE READ**

*Lagos Yacht Club is a members club. Facilities are used at the members sole risk. There is no warranty conveyed or implied by Lagos Yacht Club. By signing this application form, the signatory (Probationary or Member) agrees to Defend and Indemnify Lagos Yacht Club and the Committee Members against all claims, demands, losses, costs, liabilities and expenses arising out of injury to the Member or injury to others caused by Members.*

**PLEASE READ AND SIGN**

Member Name \_\_\_\_\_ Date \_\_\_\_\_

"I completely agree and recognise that by becoming a member (any category of membership) of the LYC, I expressly commit and agree to being nominated as either the OOD (Officer of the Day) or the AOOD (Assistant Officer of the Day) as and when required according to a published rota. I further agree that any failure or noncompliance to perform this duty or my ability to find a substitute to stand in for me, will make me liable for a fine or suspension as imposed by the Main Committee of the LYC which will be binding on me"

Signature \_\_\_\_\_

**Important Notice**

Probationary new members are to:

- Perform 8 sails within the first three months of membership extended by another three months if a new member is unavoidably absent
- Sails can be either races or cruises but must be at least 30 mins duration
- Sails must be countersigned by member at the helm. If probationary member is at the helm, then he/she endorses himself/herself
- Mandatory to attend NMN (New Members Night)
- Bridge Duty must be completed before election and signed by the OOD
- Rescue Boat Duty is not mandatory and does not replace Bridge Duty
- Bridge/Rescue Boat Duties do not replace sails

The Membership Secretary can be contacted at [membership@lagosyc.org](mailto:membership@lagosyc.org)

*Please fill the form, get all requested signatures and bring it to the office (1st floor), office staff will tell you what is to be paid. Probationary membership will only be considered after payment is received in full.*



SURNAME	FIRST NAME

**NEW MEMBERS NIGHT**

DATE	REMARKS	MSS SIGNATURE

**SAILS**

Sr. No.	DATE	BOAT NAME AND NUMBER	SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			

**BRIDGE DUTY**

DATE	REMARKS	OOD / BRIDGE MEMBER SIGNATURE

