



membership application form

please fill this form in using BLOCK CAPITALS

Full Name

Address

Post Code

Home Telephone

Email Address

Business Address

Post Code

Work Telephone

Profession/Occupation

Are you a boat owner or part owner?

Name of Boat

Class

LOA LWL Sail No

Date of Birth

To be signed by parent or guardian in respect of application for Cadet.

I certify that the applicant is a competent swimmer

Signature (Parent/Guardian)

Category of membership: Family/Single/Cadet/Single Introductory/ Family Introductory *(delete as appropriate)*.

Please state on a separate sheet details of sailing experience, membership of any similar club and reasons for wanting to join.

If elected I agree to conform to the rules and to any regulations which may be from time to time laid down by the Committee.

Signature of Applicant

Date

We hereby certify that the answers to all the above questions are, to the best of our knowledge and belief, correct.

Name of Proposer

Signature

Name of Secunder

Signature

FOR FAMILY MEMBERSHIP

Full Names

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To be signed by a parent or guardian in respect of applicants under 18 years and over 10 years on 1 January 2009

I certify that the applicant(s) is/are a competent swimmer(s) *(delete as appropriate)*.

Signature (Parent/Guardian)