



APPLICATION FOR MEMBERSHIP

Name in Full _____

Address _____

Post Code _____

Tel No:(Home) _____ Tel No:(Work) _____ Mobile _____

Date of Birth _____ e-mail Address _____

Occupation _____ Employer _____ Nature of Business _____

(if retired please state previous occupation)

Category of Membership: Inport Associate Outport Intermediate Junior

Please tick this box if you are happy to receive regular updates regarding Club events

Brief Details of Sailing Experience (if any) _____

Relationship to any member _____

Signature of Applicant _____

PLEASE COMPLETE THIS SECTION IN BLOCK CAPITALS

I have known the applicant for _____ Years.

Brief details of their suitability for Membership _____

Proposer (Block Capitals) _____ Proposer (Signature) _____

I have known the applicant for _____ Years.

Brief details of their suitability for Membership _____

Seconder (Block Capitals) _____ Seconder (Signature) _____

Name of General Committee Member to Whom Candidate has been introduced _____

NOTE: Both Proposer and Seconder should be full members of at least three years standing.

We require this information to enable the General and Membership Committees to assess your application. We will retain the form for 12 months after the application process is complete but if it is successful your personal data will be transferred to our membership database and retained indefinitely so that we can contact you after you become a member for the proper conduct of the Club's business