



APPLICATION FOR MEMBERSHIP

Name in Full _____

Address _____

_____ Post Code _____

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

Date of Birth _____ E.Mail Address _____

Occupation _____ Employer _____

(if retired please state previous occupation)

Category of Membership _____

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 His/Her suitability for Membership _____

Proposer (Block Capitals) _____ Proposer (Signature) _____

I have known the applicant for _____ Years.

Brief details of His/Her 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.