



MEMBERSHIP APPLICATION FORM

Name in Full _____
Address _____
Post Code _____
Tel No (Home) _____ Tel No (Bus) _____
E Mail Address _____ Mobile No _____
Occupation _____ Employer's Name _____
Required Category of Membership _____
Brief Details of Sailing Experience
(if any) _____
Signature of Applicant _____
Relationship to any Member _____
Date of Birth _____

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) _____
Signature: _____
Date: _____

I have known the Applicant for: _____ **Years**
Brief Details of His/Her
Suitability for Membership _____
Seconder: (Block Capitals) _____
Signature: _____
Date: _____

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