



SHOREHAM SAILING CLUB

2011 APPLICATION FOR MEMBERSHIP

SURNAME:	FIRST NAME:
ADDRESS:	TELEPHONE:
.....	MOBILE:
TOWN:	E-MAIL:
COUNTY:	DOB:
POST CODE:	OCCUPATION:
PREFERRED METHOD OF COMMUNICATION: (Please circle) Post / E-mail	

SAILING EXPERIENCE: (Please circle all that are applicable)

SELF: Novice / pleasure sailing / club racing / open meetings / circuit / nationals

OTHER APPLICANTS: Novice / pleasure sailing / club racing / open meetings / circuit / nationals

Please indicate how frequently you expect to sail at Shoreham:

Weekly / 2-3 times per month / monthly / < monthly

What sailing are you planning at Shoreham?

SELF: Racing / Pleasure sailing Helm / Crew

OTHER APPLICANTS: Racing / Pleasure sailing Helm / Crew

If you plan to crew, who will you be crewing for?

Dinghy?

QUALIFICATIONS:

SAILING/RACING:

POWER BOAT/SAFETY:

FIRST AID (EXPIRY):

VHF RADIO:

Please provide additional information in support of your application. Please include reasons for wishing to join, known members & how you propose to support the club e.g. race duties, work parties, open meetings.

SPONSOR 1: SPONSOR 2:

Please indicate your preferred duties:

Officer of the day	Yes	No	Assistant race officer	Yes	No
Support boat	Yes	No	Open meetings (various duties)	Yes	No

Work parties	Yes	No
Which days are most suitable?		
Sat	Sun	Weds

MEMBERSHIP DETAILS: (Please circle)

FAMILY / SINGLE ADULT / YOUNG ADULT/STUDENT / CADET / ASSOCIATE

JOINING FEE: £..... HARBOUR DUES: £.....

MEMBERSHIP FEE: £..... BOAT STORAGE: £.....

TOTAL: £.....

BOAT CLASS: SAIL NUMBER:

FAMILY INFORMATION: (For family membership only)

	SURNAME	FIRST NAME	DOB
PARTNER:
CHILDREN:

Declaration by All Applicants

I hereby confirm my application for membership of Shoreham Sailing Club (SSC) & enclose a cheque for £ (Made payable to Shoreham Sailing Club). I agree on behalf of myself & any other members included on this application to be bound by the Clubs' Constitution & any other additional conditions or Bylaws.

Data Protection Act 1998

I confirm that I give my permission for my contact details (not address) to be published for other club members to access for club purposes

SIGNED: NAME:

DATE:

Declaration by Parents or Guardians of Young Persons under the age of 18 years

I confirm that I have given permission for the Young Person(s) herein to sail & that I, as said parent or Guardian, have sole responsibility for the Young Person(s) whilst sailing from SSC. I confirm that I am, or am applying to become, a member of SSC.

SIGNED: NAME:

RELATIONSHIP: DATE:

Please send your completed application form & your cheque to:

Jan PenDennis
SSC Membership Secretary
94 Penfold Road
Worthing
BN14 8PG
janpd001@googlemail.com

Tel: 01903 207466 or 07719932281