



EMSWORTH SAILING CLUB

55 BATH ROAD, EMSWORTH, HANTS. PO10 7ES.

01243372850

secretary@emsworthsc.org.uk

www.emsworthsc.org.uk

MEMBERSHIP APPLICATION FORM

APPLICANTS (PLEASE USE BLOCK CAPITALS)

Applicant	Title	Forename (s)	Known as	Surname	Date of Birth
1					
2					
3					
4					
5					
6					

ADDRESS (PLEASE USE BLOCK CAPITALS)

Address 1			
Address 2			
Address 3			
Town/City			
County		Post Code	
Home Telephone			

CONTACT DETAILS & OCCUPATION

(Please complete for all applicants. Enter Parent/Guardian details for minors and dependants)

Applicant	Email address	Mobile phone No.	Occupation
1			
2			
3			
4			
5			
6			

BOAT(S) OWNED at time of application (continue on separate sheet if required)

Make	Class/Model	Name	Sail Number

Membership of other Yacht or Sailing Clubs

Brief summary of all applicants sailing experience. (Continue on separate sheet if required)

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Reason for joining (continue on separate sheet if required)

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DECLARATION

In view of sports club exemption from V.A.T. for fees and subscriptions as participating members I/we declare that if elected for membership of Emsworth Sailing Club the applicant(s) named above will participate in yachting/sailing or swimming activities.

In addition I/we undertake to be bound by the Club Rules and Bye-laws of Emsworth Sailing Club.

Signature of adult Applicant(s)

Applicant	Signature	Date
1		
2		

Proposer and Seconder

We as Proposer and Seconder, having been members of the Club for a least two years and are personally acquainted with the applicant, recommend this application.

	Proposer	Seconder
Name		
Signed		
Date		

