



Application Form

Name

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Address

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Telephone

Mobile

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Email

Date of Birth

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Qualifications

VHF License **Day Skipper** **Coastal Skipper** **Yachtmaster**

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Experience

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Type of Membership Required

Platinum **Gold** **Silver** **Super Value**

Are you a boat owner?

Yes **No**

Are you a member of any other yacht clubs?

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Receipt of Membership

Date.....

Name.....

Type of membership.....

Amount received.....

Signed.....

