



Carrickfergus Sailing Club Membership Application Form



I wish to become a member of Carrickfergus Sailing Club and herewith enclose my Entrance Fee and Subscription for the current season, to be returned in the event of non-election. I hereby agree, if elected to Membership, and as long as I remain a Member, to conform to and abide by the current Rules and Bye-Laws which may be added from time to time. **Those persons applying for Sailing Associate should provide with their application a letter from their Home Club confirming that they are a fully paid up full member.**

Membership fees for 2016 are: Ordinary ~ £240 Family ~ £300 Senior ~ £120 Senior Family ~ £138
Sailing Associate ~ £120 Junior Associate ~ £42 Associate (18 – 25) ~ £62 House Associate ~ £96
Plus £10 deposit for Door Entry Fob

Section 1 - To be completed by all Applicants. (PLEASE PRINT IN BLOCK CAPITALS)

Name		Date of birth	
Address			
Town		Postcode	
Telephone		Email	
Signed		Date	
Proposed by		Seconded by	
Print name		Print name	
State whether member of Carrickfergus Sailing Club previously		Yes / No	
If boat owner, state type			
Category Applied For		Membership Fee	£
Deposit for Carrickfergus Sailing Club Front Door Entry Fob		£	10:00
Total Amount Enclosed (Cash/Cheque)		£	
All Fees should be made payable to Carrickfergus Sailing Club c/o Membership Secretary, Carrickfergus Sailing Club, Rodgers Quay, Carrickfergus BT38 8BE or left in the Membership Box at the bar.			

Section 2 - Only to be completed by Parent/Guardian of Applicants less than 18 years of age.

I hereby give my consent to _____ becoming, if elected, a Member of Carrickfergus Sailing Club.

Signature _____ Print Name _____ Date _____

Section 3 - to be completed by those applying for Family Membership

3.1 - My Family Membership is to include Spouse/Partner and children under 18 years of age on 01/01/2016:

Spouse/ Partner		Date of Birth	
Child		Date of Birth	
Child		Date of Birth	
Child		Date of Birth	

3.2 - My Senior Family Membership is to include Spouse/Partner:

Spouse/Partner		Date of Birth	
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For Office Use Only:

Amount received		Date	
Date of Nomination		Date of Election	
Membership Number		Card Issued	