



Skerries Sailing Club
 Bayview, Harbour Road, Skerries, Co Dublin
 Telephone 849 1233
www.skerriessailingclub.com

MEMBERSHIP APPLICATION FORM

(Please use BLOCK capitals to complete form)

PERSONAL DETAILS:

First Name:		Surname:	
Address:			
		Date of birth:	

(Cadet Applicant only)

Phone (h):		Phone (w)		Phone (m):	
Email:					

FAMILY APPLICANTS ONLY:

Spouse:		
Child Name:		Date of birth:
Child Name:		Date of birth:
Child Name:		Date of birth:
Child Name:		Date of birth:

PLEASE INDICATE CATEGORY OF MEMBERSHIP REQUESTED:

Ordinary:
 Family:
 Shoreside:
 Student:
Cadet (Under 18)
 With Parent Ordinary Member:
 Parent not Ordinary Member:

IMPORTANT NOTES

The completed Application form will be displayed on the Club notice board for a minimum of 14 days before being considered at the next Committee meeting (usually 4th Thursday of each month).

On election, the information provided will be entered onto the Club's membership database and will be used to calculate your membership subscription and fees. Access to this information is restricted and it will be held for the purpose of communicating with you and will not be disclosed to a third party, other than in an abridged form. You will be notified of the outcome of the election and if successful, will be invited to remit the appropriate subscription and fees. On receipt of your remittance, Bar Vouchers and Fixture List (where applicable) will be mailed to you.

For ease of administration and to minimise costs, the email address(es) above will be used for most Club communications, including status of your application, notification of Club events and circulation of the Club Newsletter.
(Form continued overleaf)

Please mark all application forms for the attention of the Membership Secretary



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BOATING / SAILING INTENTIONS:

Please indicate your level of sailing / boating experience:

None: Beginner: Intermediate: Experienced:

Dinghy: Powerboat: Cruiser: Other: (Please specify)

Do you intend to take part in sailing events in the Club? Yes No

If so, as a Helm? Yes No As a Crew? Yes No

Are you a Boat Owner? Yes No

If so, will your boat be moored in bay? Yes No Parked in the Club Boat Yard? Yes No

Boat Type / Class: Sail Number:

Boat Name: Colour: Length:

Would you like help in being introduced to sailing? Yes No

Interested in training courses? Please tick:

Sailing Powerboat Yacht master VHF Radio Other

SUPPLEMENTARY INFORMATION:

The Club always requires volunteers for various events and functions that take place throughout the year. Please indicate if you would be willing to assist in any of the following areas:

Social Events	<input type="checkbox"/>	Catering	<input type="checkbox"/>	Bar Duty	<input type="checkbox"/>	Rescue	<input type="checkbox"/>
Race Management	<input type="checkbox"/>	Event Organisation	<input type="checkbox"/>	Building Maintenance	<input type="checkbox"/>	Boat / Engine Maintenance	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Sub Committees	<input type="checkbox"/>	Other	<input style="width: 100px;" type="text"/>

(Please specify)

SIGNATURES:

Signed by: Date:

Proposed by: Seconded by:

(Proposer and Seconder must be Ordinary members of the Club and known to the applicant)

Committee: Committee:

(Applicants must be known to or introduced to two Committee members)