



# Membership Application Form Page 1

Name(s) of Applicants:		Age at 1 <sup>st</sup> Jan: (delete as applicable)	
Primary Applicant:		Under 18 / 18-21 / 21-65 / 65 and over	
Spouse/partner:		Under 18 / 18-21 / 21-65 / 65 and over	
		Under 18 / 18-21 / 21-65 / 65 and over	
		Under 18 / 18-21 / 21-65 / 65 and over	
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<b>Reasons for Joining</b>			
Please give a brief outline of the reasons why you would like to join Harwich Town Sailing Club and include any skills or previous experience that you can use to support your application and support the Club in the future			
Without voluntary help from members the club would not exist. If you feel you can help in any way please let us know with a tick in the appropriate box(es).  Training is available if required.		Rescue Boat	
		Race Officer	
		Bar	
		Galley	

<b>Applicant's Signature:</b>		<b>Date:</b>	
<b>Proposers</b> (must be existing club members <u>including</u> at least 1 member of the general committee)			
<b>Proposed by:</b>	(Signature)	(Print Name)	<b>Date:</b>
<b>Seconded by:</b>	(Signature)	(Print Name)	<b>Date:</b>



# Harwich Town Sailing Club

## Membership Application Form Page 2

PLEASE ASK AT THE BAR FOR AN ENVELOPE  
PUT THIS PAGE IN THE ENVELOPE AND ASK FOR IT TO BE PLACED IN THE SAFE

THIS PAGE IS CONFIDENTIAL AND WILL BE STORED SECURELY BY THE MEMBERSHIP SECRETARY  
UNTIL THE APPLICATION IS CONSIDERED BY THE GENERAL COMMITTEE

Membership Type (Please tick box to indicate which type of membership you are applying for)	Fee (£)	Select One
<b>Full Member</b> (18 years and over)	55.00	
<b>Family</b> (spouse and children 21 years and younger included)	70.00	
<b>Retired Member</b> (65 years and over at 1 <sup>st</sup> Jan)	30.00	
<b>Retired Family</b> (Either applicant 65 years and older at 1 <sup>st</sup> Jan)	40.00	
<b>Young</b> (18-21 years)	20.00	
<b>Junior</b> (Under 18 years)	15.00	
<b>Associate</b>	50.00	

<b>Applicant's Details:</b>			
<b>Name:</b>		<b>Date of Birth</b> (if under 21):	
<b>Address:</b>			
<b>Postcode:</b>			
<b>Telephone:</b>		<b>Email:</b>	
<b>Additional Applicant(s)</b> (Family memberships only)		<b>Date of Birth</b> (if under 21 or over 65):	

<b>Boats and class:</b> (if boat owner)	
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If your application for membership is accepted, Harwich Town Sailing Club would like to be able to communicate with you by email, telephone and post. Please confirm that you give permission for us to contact you by ticking the appropriate boxes	I hereby give Harwich Town Sailing Club permission to contact me by: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Post
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