

<b>MEMBERSHIP APPLICATION FORM</b>		<b>Membership Number :</b>
Please use <b>BLOCK LETTERS</b> and delete words not applicable		
Surname : Mr/Mrs/Miss/Ms/Dr		
Christian Names:		
Address:		
Postcode: e-mail:	Telephone Number:	

**If Family Membership give names of other members of the family**

Full Name	Relationship	If under 18 state date of birth

**If Student/Junior Membership, state date of birth:** \_\_\_\_\_

**DINGHY OWNER**

YES/NO	Class of Boat	Sail Number
Please note that there may be limitations on some classes of sailing craft		
Dinghy park required : Yes/No (always subject to availability)		

**Declaration**

I undertake to abide by all Rules and Regulations as defined by the Management Committee of the Stewartby Sailing Club.

I understand that the Stewartby Water Sports Club Limited and it's Officers cannot be made liable for risks to the person or property of myself, my family or my guests whilst participating in the activities or whilst on the premises of the Club.

**I UNDERTAKE TO ENSURE** that any boat I or my family, or guests use at the Stewartby Lake is insured against Third Party and Passenger Risks to a minimum of £1,000,000.

Signed by : \_\_\_\_\_ Date : \_\_\_\_\_

It would be of great assistance to the Section if applicants would note below any sailing clubs with which they have been associated and any office held together with details of any certificates of proficiency under Royal Yachting Association, NSSA & BOT scheme etc.

Date issued:

Signed: