

MEMBERSHIP APPLICATION FORM

FULL NAME:				
ADDRESS:	Postcode:			
TELEPHONE:				
MOBILE:				
E-MAIL:				
OCCUPATION:				
MEMBERSHIP APPLIED FOR:	Full	Family	Student	
	Group	Reciprocal	(Please circle as appropriate)	
	For Family members Spouse/Partner:	ership, please prov	ide names of family members:	
	Children under 18 (Inc ages)	:		
BOAT OWNER	Yes/No			
	Class:		Sail No:	
	I understand that under club rules my boat must have third party insurance of at least £2,000,000. I agree to be bound by the rules and Byelaws of the club			
SIGNATURE				
OF APPLICANT				
DATE				
			nd your remittance to: ad, Harrogate, HG2 8DA	



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For Membership Sec's Use: