



Upnor
Sailing Club

Please address all correspondence to:
Jane Chivers
4 Dragonfly Close
Singleton
Ashford
Kent
TN23 5GH

Application for Membership

Full name..... Date of birth.....

Name of partner (family membership)..... Date of birth.....

Address

.....
.....
.....

Phone (evening)..... Phone (day).....

Occupation..... E-mail.....

Class of membership: Full / Family / Crewing / Junior / Cadet (delete as appropriate)

Membership of other clubs.....

Yacht name..... Class/type.....

Length..... Draft..... Beam..... Keel type.....

Do you wish to apply for a mooring? Yes / No
Do you wish to apply for a dinghy park space? Yes / No
You may have to wait for a mooring.

Signature of applicant..... Date.....

Proposed by..... Signature.....

Seconded by..... Signature.....

A letter of commendation is required from the proposer.

Letter enclosed herewith / sent direct (delete as appropriate)

For office use only

Interviewed by..... Date.....