



St Mawes Sailing Club

1 The Quay, St Mawes, Truro TR2 5DG Tel: 01326 270686

Application for Membership

(Please print clearly and return the form to the Membership Secretary at the Club address.)

Please write on the reverse of this form a short description of your sailing experience and your reason for wishing to join this Club.

Title, Surname, Initials, Honours and Called Name

Main Full Member *

Joint Full Member

Other Full Member Date of Birth.....
(18 years of age and over . Please give date of birth if under 26)

1st Junior Member Date of Birth.....
(Under 18 years of age)

2nd Junior Member Date of Birth.....

Main Address (To be used for all Club mailings)

Local Second-Home Address (If relevant)

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Post Code.....

Post Code.....

Telephone Number.....

Telephone Number.....

e-mail address

Proposer.....(Please PRINT)

Seconders.....(Please PRINT)

Boats Owned (Indicate boat owner if not the Main Full Member e.g. if owned by Junior)

| <u>Boat Name</u> | <u>Type</u> (e.g. Hurley 22) | <u>Class</u> (e.g. dinghy, cruiser etc.) | <u>Sail No.</u> |
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Subscriptions

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| Full membership (single adult, 25 or over)..... | £80.00 |
| Full Membership (young adult, 18 to 25 inclusive)..... | £25.00 |
| Joint Full membership (couple living at same address)..... | £120.00 |
| Junior membership (under 18, with sponsorship of full member)..... | £10.00 |
| Cadet Membership (under 18, not sponsored by club member)..... | £10.00 |
| Senior Membership. (A <u>non-boat-owning</u> Full member, who has attained the age of 70 years and been a member continuously for over 10 years but no longer uses the Stoneworks Quay facilities, may apply for half-price subscriptions.) | £40.00 |
| Joint Senior Membership (as above conditions) | £60.00 |
| Associate Membership | £35.00 |

***The main full Member will be responsible for the subscriptions of all those named on this form.**

I enclose a cheque or make online transfer to St Mawes Sailing Club Ltd, Lloyds Bank sort code 30-98-57 Account 27121268, to cover the first subscription after which **I will pay all subscriptions and dues by Direct Debit**, unless an alternative method of payment is agreed in writing with the Honorary Membership Secretary. Please send a completed Direct Debit mandate with your application. [Direct Debit Mandate forms are available from the Office Administrator or the website].

Main Applicant's Signature..... Date.....