

# Membership Form for the 2017 Season

## Family Membership

**Only available to existing family members**

(Membership runs from 1st March 2017 to 1st March 2018)

**IMPORTANT – Insurance MUST Be Produced At Time of Joining**

Family Membership is for one male and one female card holder only

**P Number**

**Name of 1st Card holder**

Email

Address

PostCode

D.O.B.

Telephone No

**Name of 2nd Card Holder**

Email

Address

PostCode

D.O.B.

**Childs Name**

DOB

**Childs Name**

DOB

**Childs Name**

DOB

Boat Make

Renewal Date

Boat Insurer

SBD

The company insurer requires the following information.

1. Do you have difficulty in reading a car number plate at 25m in good light using glasses if worn?
2. Have you ever had insurance refused or revoked for medical reasons?
3. Has any doctor ever advised you not to drive a car or boat?
4. Are you without hand or foot, or have you any defect in limb movement or power?
5. Have you now or ever had epilepsy, sudden attacks of giddiness, fainting or any mental illness?

NO YES



if you have answered **YES** to any of the above, please give details:

**For Office use only**

Key:

Rule Book

Codes

Water Shut

Signing In

Work Party

Sail Club

SBD

Ski School

On Spread sheet

Bwsf

Email set up

