

Membership Form for the 2019 Season

Family Membership

Only available to existing family members

(Membership runs from 1st March 2019 to 1st March 2020)

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

