

Membership Form for the 2020 Season Boat Membership

(Membership runs from 1st March 2020 to 1st March 2021)

IMPORTANT – Insurance MUST Be Produced At Time of Joining

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.

Name of 3rd Card holder

Email

Address

Postcode

D.O.B

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:

Signing In

Rule Book

Work Party

On Spread sheet

Codes

Sail Club

Bwsf

Water Shut

SBD

Email set up

BWSF FAMILY JOINING INFORMATION

Fill the below boxes in if you are joining the BWSF as a family

Card Holder One

Female Name DOB

Childs Name DOB

Childs Name DOB

Childs Name DOB

Card Holder Two

Female Name DOB

Childs Name DOB

Childs Name DOB

Childs Name DOB

Card Holder Three

Female Name DOB

Childs Name DOB

Childs Name DOB

Childs Name DOB