PO Box 12, Cobh, Co. Cork Website: www.covesailingclub.ie Email: info@covesailingclub.ie

APPLICATION FOR NEW MEMBERSHIP (1/1/2014 to 31/12/2014)

Please complete this form in BLOCK CAPITALS only	
Full Name :	
Address:	
Email address :	
	Telephone - Mobile :
Are you a boat owner? Y/N	
If Yes please provide basic boat details eg. Name of Boat/Type/Sail no./Length/Class	
Are you a member of any other sailing clubs?	
Type of membership required and fee: (includes ISA membership fees):	
FAMILY (€150) ☐ ORDINA	ARY (€100)
Family Membership : Please give names of parti-	ner and/or children (under age of 21) to be included below:
Please note use of the facilities at Whitepoint Dinghy Park is restricted to members only. An additional fee will be charged for courses, use of club dinghies, equipment etc. (Please see website or contact the Junior Officer for further details and terms and conditions). If elected, I Agree To Be Bound By The Rules Of Cove Sailing Club As Detailed In The Club's Constitution and Cove Sailing Club's Sailing Instructions.	
SIGNED:	DATE:
Amount enclosed : € CHEQUE	CASH C
We consider that the applicant is a suitable person to whom membership should be granted and would be welcomed by existing members.	
PROPOSER:	SER: DATE:
SECONDER:	DER: DATE: Block letters
Please send completed forms and cheques to: The Treasurer, Cove Sailing Club, PO Box 12, Cobh. If you must pay by cash please pay in person to a CSC Committee member only.	
FOR OFFICE USE ONLY:	
Amount received € Cash/Cheque R	eceived by: Date:
Date of Meeting membership accepted:	ommodore:
Membership No S	ecretary: