



COVE SAILING CLUB

CORK HARBOUR

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

APPLICATION FOR MEMBERSHIP (1/1/2019 to 31/12/2019)

| | | | |
|--|--|----------------------|------------------------------|
| Please complete this form in BLOCK CAPITALS only | | Membership Type | |
| Full Name : | | Current | New <input type="checkbox"/> |
| Address : | | | |
| Email address : | | | |
| Telephone - Home/Work : | | 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) ORDINARY (€100) JUNIOR (€50) COUNTRY (€50)

Family Membership : Please give names of partner 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**

We consider that the applicant is a suitable person to whom membership should be granted and would be welcomed by existing members.

PROPOSER: _____ **PROPOSER:** _____ **DATE:** _____
Signature of full member Block letters

SECONDER: _____ **SECONDER:** _____ **DATE:** _____
Signature of full member 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 Received by: _____ Date: _____
Date of Meeting membership accepted: _____ Commodore: _____
Membership No. _____ Secretary: _____