



APPLICATION FOR MEMBERSHIP OF HOLY LOCH SAILING CLUB

Family Name:
 Other Names:
 Full Address:
 Post Code:
 Telephone No:(Home)
 E-mail Address:
 Details For Family Membership only:
 Name:
 Name:
 Name:
 Date of Birth:(Only required if under 17 yrs)
 Date of Birth:(Only required if under 17 yrs)
 Date of Birth:(Only required if under 17 yrs)

The following is only required if under 17 yrs.:
 Date of Birth
 Parent or Guardian's name:
 Telephone No:(Business or Mobile)

Details of Boat
 Name: Length Overall
 Type: Make:
 Sail Number
 Proposed Summer Berth:
 Proposed Winter Berth:

PROPOSER: I,,* propose the above named person is reviewed by the committee for membership of the Holy Loch Sailing Club. I confirm I am a fully paid member of H.L.S.C. *(Block Capitals)

Signature: Address:
 Telephone:.....

SECONDER: I,,* propose the above named person is reviewed by the committee for membership of the Holy Loch Sailing Club. I confirm I am a fully paid member of H.L.S.C. *(Block Capitals)

Signature: Address:
 Telephone:.....

APPLICANT: I,,hereby apply for:

- | | | | |
|--|-----|-----------|---------------------------|
| a) Sailing Membership of Holy Loch Sailing Club | Fee | £40 _____ | } Please tick appropriate |
| b) Social Membership of Holy Loch Sailing Club | Fee | £15 _____ | |
| c) Family Membership of Holy Loch Sailing Club | Fee | £62 _____ | |
| d) Intermediate Cadet Membership of Holy Loch Sailing Club | Fee | £20 _____ | |
| e) Cadet Membership of Holy Loch Sailing Club | Fee | £10 _____ | |

1. I declare that I am i) a new applicant * *(delete as required)
 or ii) I was last a member during the sailing season of *
- 2.* I propose to race my boat and confirm I have Third Party Indemnity Insurance with a minimum value of £2,000,000. I have included a 'Racing Application Form' with appropriate fee together with any other fees applicable.
- 3.* I propose to moor my boat in the H.L.S.C. Exclusive Mooring Area and have included a 'Mooring Application Form' with fee along with this Application Form.

I enclose the appropriate membership fee as detailed above.

Signature of applicant Date

Please Return Completed form to: John Orr (Hon' Secretary), Dalfruin, Toward Argyll PA23 7UA

For presentation and approval at the next Committee Meeting. [Normally the first Monday of each month.]

Accepted by Committee Date