



Lymington Town Sailing Club

BATH HOUSE. LYMINGTON. HAMPSHIRE. SO41 3SE

Telephone, Office: (01590) 674514 Members / Catering: (01590) 672096

Fax: (01590) 610354 E-mail: office@ltsc.co.uk

APPLICATION FOR MEMBERSHIP - 2007/8

Personal Details

Please complete in **BLOCK CAPITALS** and return to the Club Secretary.

I (Full Name).....(Mr/Mrs/Miss/Ms, other please state)

Name known by if

different from above: OccupationDate of Birth

Name of Spouse/Partner(Mr/Mrs/Miss/Ms, other please state)

(If joint membership)

Name known by if

different from above: OccupationDate of Birth

Full Postal Address

.....

Postcode Telephone Numbers (H).....(W).....

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(Mob): E-mail Address: (For dissemination of information and events)

Children's full names, under 18 years, included in Family Membership only. *If 10 to 18, do they wish to join Youth Section?*

1. Date of Birth YS Yes/No

2. Date of Birth YS Yes/No

3. Date of Birth YS Yes/No

I enclose, Cheque/Cash/Credit Card details for £.....*covering the appropriate Subscription and Entrance Fee* for the class of membership (details attached). Direct Debit forms will be sent with membership renewals.

Credit Card No: Issue Date:

Valid From Date:Expiry Date: Issue No: Last 3 digits of security no:

I also understand that in the event of election I/We will observe the Rules and Regulations of the Club for the time being in force.

Club Guarantee if under 18

On reaching the age of 18, I/We will register as a Guaranteeing Member(s) of Lymington Town Sailing Club Ltd. In accordance with the Club's Articles of Association with a maximum liability of £1.00 per Member.

Club Guarantee

I/We register as a Guaranteeing Member(s) of Lymington Town Sailing Club Ltd., in accordance with the Club's Articles of Association with a maximum liability of £1.00 per Member.

Signature

Date

The Club Members Handbook will list Name, Location (ie Sway), Phone Number, Email Address, Boat Name & Type.

- Please tick if you do NOT want your details, other than your name, to be listed
- Please tick if you only wish your telephone number to be excluded
- Please tick if you only wish your email address to be excluded

Answers to the following questions will help the Committee

How did you hear about Lymington Town Sailing Club?

Please give the name of any other Sailing or Yacht Club that you belong to at present:

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Please give the name of past Sailing or Yacht Club that you have belonged to and state your boating interests:

.....

.....

Boat Details (if applicable)

Name of boat Make..... Type of vessel (Sailing, Motor Cruiser, Dinghy*)

Where berthed..... Sail Number LOA

If you require a 'Dinghy Park Application Form' they are available from the Office or the Bar.

Proposer's Recommendation

If you know a Club Member or two Members willing to support your application, please ask them to sign below (Proposers and Seconders must have been a full member of the Club for a minimum of one year). If not, we will arrange for you to meet a Member of the Executive Committee at a mutually convenient time.

Proposed by (Signature) Date

(NAME IN BLOCK LETTERS) Membership Number:

Seconded by (Signature) Date

(NAME IN BLOCK LETTERS) Membership Number:



*Please delete where not applicable