

# CCYC MEMBERSHIP APPLICATION FORM



**Type of membership required (please tick box as appropriate):**

Single Adult Age 60 plus	<input type="checkbox"/>	Joint Age 60 plus	<input type="checkbox"/>		
Single Adult Age 26 - 59	<input type="checkbox"/>	Joint Age 26 - 59	<input type="checkbox"/>		
Single Adult Age 19 - 25	<input type="checkbox"/>	Joint Age 19 - 25	<input type="checkbox"/>	Family	<input type="checkbox"/>
Cadet Age 8 - 14	<input type="checkbox"/>	Junior Age 15 - 18	<input type="checkbox"/>	Student Age 19 - 25	<input type="checkbox"/>
Single Resident o/s UK	<input type="checkbox"/>	Joint/Family Resident outside UK	<input type="checkbox"/>		

**Your details:**

Your Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>	Home Phone No.	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
	<input type="text"/>	E-mail address:	<input type="text"/>
	<input type="text"/>		

**Joint/family details (if applicable):**

Name of Partner:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name of Child	<input type="text"/>	"	<input type="text"/>
"	<input type="text"/>	"	<input type="text"/>
"	<input type="text"/>	"	<input type="text"/>
"	<input type="text"/>	"	<input type="text"/>

**Other Information (not compulsory):**

Please provide details of any boats currently owned:

Please provide details of any current or previous membership of other yacht clubs:

Please provide details of any active participation you have had in boating e.g yacht racing:

Please detail any particular reason you have for wishing to join the Cowes Corinthian e.g. social, bar, occasional visiting, racing, berthing, recommendation.

Signature:	<input type="text"/>	PRINT NAME:	<input type="text"/>
Proposer's Signature:	<input type="text"/>	PRINT NAME:	<input type="text"/>
Seconder's Signature:	<input type="text"/>	PRINT NAME:	<input type="text"/>

*Please note annual subscriptions are due on 1st October each year. Initial subscriptions will be calculated on a pro rata basis from date of joining e.g. someone joining in April will initially pay half an annual subscription as well as the joining fee. Please see details overleaf.*

I enclose a payment of £.....	Please debit my Mastercard/Visa/Debit Card *
Date .....	Card No. <input type="text"/>

**SPECIAL REQUEST**

<b>The Club asks that future annual payments are made by direct debit if possible. Please complete mandate form as applicable.</b>	Name on Card. <input type="text"/>
	Expiry Date: <input type="text"/>
	Issue No. (if applicable) <input type="text"/>

<i>For Office Use Only</i>	
Date received	Membership No.
Date G.C.M.	Record updated

