



CASTLE COVE SAILING CLUB

Application for Membership

I wish to apply for membership of Castle Cove Sailing Club as an:
Ordinary / Junior / Cadet / Family / Temporary Member (please delete as appropriate).

Full name.....
Address
.....Postcode.....

e-mail..... Mobile phone.....
Telephone (home)(work)
Date of birth

For Family Member applications:

Your partner's name

Date of birth

e-mail.....Mobile phone.....

Is your partner interested in participating in the Club..... Yes/ No* As a: Sailor/Non-sailor?*

**Please delete as appropriate*

If relevant - information about your children:

How many children under 18 do you have Please tick beside those likely to sail

Name DoB[]

Name DoB []

Name DoB []

Name DoB[]

If you have a boat, please give details-

Dinghy (name, type of boat, sail number).....

Keelboat (name, type of boat, sail number, length, draft, weight).....

.....Do you want a tender rack space?.....

Please give the name of the CCSC member who knows you best (if pertinent).....

We will ask them to be your mentor for your first year of membership.

If completing for a family application, you may give information about the most experienced sailor or a general indication of experience within the family.

For approximately how many seasons have you sailed?

Do you intend to Race?.....

Please describe the type of sailing you have done (eg keelboat racing or cruising, dinghy racing or individual sailing, Club/National level, the types of boats you have sailed and anything else you consider relevant)

What sailing related qualifications do you hold (Safety Boat, First Aid, Day Skipper etc)

Please indicate any specialist knowledge or skills that you could offer the Club

Name any other sailing club of which you are a member.

