VANGUARD SAILING CLUB OF WORKINGTON



APPLICATION FOR MEMBERSHIP

Send the completed form to the Honorary Treasurer Mike Kelly, 16 Marlborough Avenue, High Harrington CA14 4NW Mike Kelly or michaelmargaret105@talktalk.net together with the appropriate remittance. After 1 week contact Mike Kelly on 07881427413 for the key and lock numbers. For Associate members there is a £20 deposit for the key refundable on return of the key.

ADDRESS	······································	
		Post Code
Telephone No. (Home)		(.Mobile)
Email Address		
If elected, I agree to	abide by the rules of the C	CLUB.
Signed		Date
Proposed by		
Seconded by		
		an only be PROBATIONARY for at least on should show evidence of insurance to a Club
Class of Membership		Annual Subscription
Ordinary Member	Cruiser owner. Full vo	£20.00 (At least 1/3 oting rights.
Associate Member	owners use of Slipway	£20. (Day boat r, Crew Members)
State type of boat inv	olved	
State use for which cr	raft will be used	
Boat's name or identi	fying Marks or Number	
Emergency Contact n	ame and phone number	

Sort code 40-47-20 Account 00832553 Branch Identifier code HBUKGB4164R