 **Stourport Yacht Club Membership Application**

**Club House**

**Clock Tower Address all correspondence to the secretary**

**Engine Lane E-mail; stourportyachtclub@gmail.com**

**Stourport on Severn**

**Worcester**

**DY13 9EP**

**Section 1: To be completed by those requiring club membership only.**

|  |  |
| --- | --- |
| Please note, you will be required to attend the club on six separate occasions over a period of at least six weeks and no longer than six months. On each visit you will have to be signed in by a current member. You will be called for an interview at the next committee meeting for your application to be considered.

|  |
| --- |
| PLEASE PRINT IN BLOCK CAPITALS |

 |
| Mr/Mrs/Ms | Surname | First Name |
| Home Tel: | Mobil Tel: | E-mail: |
| Address:Post Code: |
| Signature: Date: If accepted- I agree to abide by the club constitution rules and regulations. The information provided will be shared by the Treasurer, Secretary and other relevant committee members and be {GDPR) compliant. |
| Reason for wanting to become a member. |
| Please circle the type of membership required: |
|  Full |  Family |  Associate |  House |  Winter |
| For Family /Partner/Crew etc please provide detail and include any special needs or disabilities. |

**Section 2: To be completed by those requiring mooring.**

|  |  |
| --- | --- |
| Name of Vessel: | Make and Model: |
| Length: | Beam: | Draft: |
|

|  |  |
| --- | --- |
| Insurance: | Date of Renewal: |
| Boat Safety Certificate Number | Date of Renewal: |
| CaRT index No | Arrival Date: |

Where are you moored at present? |
| What skills or expertise do you have to benefit the club? |
| Do you hold membership at any other club? |
| Do you hold any boating qualifications? |

**Section 3: To be completed by SYC committee members**

|  |  |
| --- | --- |
| Proposed By (print name) | Seconded By (print name) |
| Signature: | Signature: |

**Licence checked yes/no**

**Insurance checked yes/no**

**Safety Certificate Checked yes/no**

**SYC membership number……………..**

**Special disabilities yes/no**

**Electricity meter issued yes/no – Number…….**

**Mooring number location…………….**

**Mooring Officer initial…………………..**

**Gate key fob issue yes/no – number………**

**You must NOT use your vessel as your principle or main addressor use our address as your mailing address without our written authority and, you MUST have an outside address to which your mail is delivered.**

**Please see Section 4 for current rate of charges.**

**Invoices are due for payment within 30 days of invoicing. All moorings are payable I month in advance, the full billing period commences January.**