

HOLLOWSHORE CRUISING CLUB

APPLICATION FOR MEMBERSHIP

PLEASE USE BLOCK CAPITALS

Surname:(Mr/Mrs/Miss/Ms) Forenames:

Name of Spouse or Partner if applicable

Address:

.....

Post Code:

Telephone No:Fax No:

E-mail Address

Occupation:Membership of other sailing club(s)

Proposed by: Signature

Seconded by: Signature

I wish to become a member of Hollowshore Cruising Club and if elected agree to pay my first annual subscription of £45. Subsequent subscriptions are due on January 1st each year. I agree to abide by the rules of the Club. I agree that my membership details may be held on a computer system only for the purposes of club communications and will not be disclosed to any third party.

The details of my boat are as follows:

Name of BoatClass of Boat L.O.A.

Signature of Applicant:Date

Please return this form to:

*Margaret Spratling, Hon Secretary, Hollowshore Cruising Club,
36 Cherry Orchard, Chestfield, Kent CT5 3NH
Tel: 01227 793606
email: secretary@hollowshorecc.co.uk*