Sutton Dinghy Club

MEMBERSHIP RENEWAL 2015

PLEASE PRINT CLEARLY ALL SECTIONS

Surname: ..... **First Name**: ..... **Spouse:** .....

Address: ..... **Date of Birth (if youth)** .....

..... **Current ISA Level (if youth)** .....

Tel: Home: ..... **Work:** ..... **Mobile:** ..... **E-mail:** .....

Children's Names (Family Members)

Name: ..... **Date of Birth:** ..... **Current ISA Level:** .....

Name: ..... **Date of Birth:** ..... **Current ISA Level:** .....

Name: ..... **Date of Birth:** ..... **Current ISA Level:** .....

MEMBERSHIP CATEGORY:	**FEE**:
• **Family**	**€295** ☐
• **Senior**	**€195** ☐
• **Youth**	**€95** ☐
• **Associate**	**€35** ☐
• **Junior Training Deposit**	**€50** ☐
TOTAL:	**€.....**

BOAT PARKING **Yes** **No**

Do you require Boat Parking Space? ☐ ☐

If Yes, please provide details of each boat on the attached Boat Parking Agreement form

TOTAL PARKING FEE: **€.....**

Boat Class/Number .....

Note: Boat Parking Subject to Availability

I agree to abide by the Constitution and bye-laws of Sutton Dinghy Club. I acknowledge that responsibility for safety of a member and his/her equipment rests exclusively with such members and in the case of a youth with his/her parent/guardian.

With membership is an obligation of assistance with club activities. Please indicate area of preference.

Afloat		Administration		Catering		Maintenance	

Signed: _____ **Parent/Guardian:** _____
(If membership is for Youth Member)

Date: _____

Membership subscriptions may be paid by Cheque/Cash or Credit Card (Visa/Mastercard) – see Credit Card Authorisation below.

Please return form and remittance to: The Membership Secretary, Sutton Dinghy Club, Strand Road, Sutton, Dublin 13.

✷✷ **Please list below any other sailing/yacht clubs which you or a family member have membership of:**

_____

Renewing your Club membership means automatic renewal of your membership of the Irish Sailing Association (ISA).
The ISA may wish to communicate directly with you as a member – tick this box if you do NOT want ISA to have your contact details: ☐

✂.....

CREDIT CARD AUTHORISATION:

Please debit My VISA/MASTERCARD/Card with the amount listed below:

Card No:																										
Expiry Date:								CCV No:				Total Amount:		€												

Please **PRINT** name on card:
(and address if different from above) _____

_____

Signature: _____