# MEMBERSHIP RENEWAL 2019

**PLEASE PRINT CLEARLY ALL SECTIONS**

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

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

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

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

**Children's Names (Family Members)**

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

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

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| **MEMBERSHIP CATEGORY**: | **FEE**: | |
|---|---|---|
| • **Family** | **€300** | ☐ |
| • **Senior** | **€200** | ☐ |
| • **Youth** | **€100** | ☐ |
| • **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: _____