Sutton Dinghy Club

NEW MEMBERSHIP APPLICATION 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:** .....

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

MEMBERSHIP CATEGORY:	**FEE**:	
• **Family**	**€300**	☐
• **Senior**	**€200**	☐
• **Youth**	**€100**	☐
• **Associate**	**€35**	☐
• **Junior Training Deposit**	**€50**	☐
Optional Committee Boat Renovation Fund Contribution	**€100**	☐
• **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: _____

Proposed By: _____ **Seconded By:** _____

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.**
Telephone: 839 3135 E-Mail: info@sdc.ie Web: www.sdc.ie

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

_____

Applying for Club membership means automatic application for 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: _____