MEMBERSHIP RENEWAL 2020

Sutton Dinghy Club

PLEASE PRINT CLEARLY ALL SECTIONS

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

Address: .....

Date of Birth (if youth) ..... **Current SBSS (*) Level (if youth)** .....

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

(*) SBSS – Irish Sailing Small Boat Sailing Scheme

Children's Names (Family Members)

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

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

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

MEMBERSHIP CATEGORY:	**FEE**:	
• **Family**	**€305**	☐
• **Senior**	**€205**	☐
• **Youth**	**€100**	☐
• **Associate**	**€40**	☐
• **Junior Training Deposit**	**€50**	☐

Club Development Fund Donation **€...** ☐ **(Optional)**

TOTAL: **€.....** **(Note: Boat Parking Subject to Availability)**

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: **€.....**

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 Irish Sailing.
Tick this box if you do NOT want Irish Sailing 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: _____