

MEMBERSHIP RENEWAL 2021

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:

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Name: Date of Birth: Current ISA Level:

MEMBERSHIP CATEGORY:	FEE:	BOAT PARKING			
• Family	€305 <input type="checkbox"/>	Do you require Boat Parking Space?	<input type="checkbox"/>	Yes	No
• Senior	€205 <input type="checkbox"/>	If Yes, please provide details of each boat			
• Youth	€100 <input type="checkbox"/>	on the attached Boat Parking Agreement form			
• Associate	€40 <input type="checkbox"/>	TOTAL PARKING FEE:		€.....	
• Junior Training Deposit €50	<input type="checkbox"/>	Boat Class/Number			
• Optional Clubhouse Development	€ <input type="checkbox"/>				
Fund Contribution					
TOTAL:	€.....	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
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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.**
 Email: info@sdc.ie

**** 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 (IS).

IS may wish to communicate directly with you as a member – tick this box if you do **NOI** want IS 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: _____