



NEW MEMBERSHIP APPLICATION 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:

Name: Date of Birth: Current ISA Level:

Name: Date of Birth: Current ISA Level:

MEMBERSHIP CATEGORY:	FEE:	BOAT PARKING	Yes No
• Family	€305 <input type="checkbox"/>	Do you require Boat Parking Space?	<input type="checkbox"/> <input type="checkbox"/>
• 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: _____

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 Irish Sailing (IS).

IS may wish to communicate directly with you as a member – tick this box if you do NOT want IS to have your contact details:

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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: _____