NEW MEMBERSHIP APPLICATION 2023

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**	☐	Do you require Boat Parking Space?	☐	☐
• **Senior**		**€205**	☐	If yes, please provide details of each boat		
• **Youth**		**€100**	☐	on the attached Boat Parking Agreement Form		
• **Associate**		**€40**	☐	**TOTAL PARKING FEE:**		
• **Junior Training Deposit**	**€50**		☐			
				Boat Class/Number		
• **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	

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: ☐

✂ ----------

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: _____