

ANTRIM BOAT CLUB RENEWAL APPLICATION



CLUB OBJECTIVES

The objective, for which the Club is formed, is to promote and facilitate the sport of sailing, boating and other water sports as outlined in Section 1 of the Club Rules which are available on our website www.antrimboatclub.co.uk

MEMBERSHIP DETAILS - PLEASE TICK												
FAMILY			SINGLE					SENIO		OR ADULT 66+		
ASSOCIATE			JUNIOR/STUDENT					BLO		BLOC	К	
HAVE YOU EVER BEEN A MEMBER OF THIS				HIS CLUB?				YES/NO	'ES/NO YEAR(s)		(s)	
PERSONAL DETAILS - PLEASE COMPLETE ALL BOXES - RYA SURVEY INFORMATION												
APPLICANT'S FULL NAME												
ADDRESS												
POSTCODE						NATIONALITY		Y				
EMAIL ADDRESS			I									
HOME NUMBER								MOBILE NUMBER		R		
AGE RANGE		<18	>18			66+		DO YOU HAVE A DISABILITY?			YES/NO	
EMERGENCY CO		I			С		CONTACT No.					
FULL NAME - Spouse/Partner				AGE RANGE				DISABILITY?		NATIONALITY		
				<18	<18 >18 66+		YES/NO					
DEPENDANTS	(CHILDREN)	DOB									
							YES/NO					
							YES/NO					
							YES/NO					
								YES/NO				
VESSEL DETAILS												
BOAT NAME & STORAGE					MAKE		LENGTH					
TRAILER SAIL												
MOORING												
INSURANCE PROVIDER								POLICY NU	JMBER	₹		
WATERCRAFT LICENCE		YES/NO		TYP E								



BOAT SHED STORAGE	YES/NO	NUMBER & TYPE OF CRAFT				
ARE YOU WILLING TO VOLUNTEER?						
DO YOU HAVE ANY SPE	YES/NO					
CORRESPONDENCE & SOCIAL MEDIA						
DO YOU CONSENT TO THE USE OF PHOTOGRAPHIC IMAGES CAPTURED IN CLUB ACTIVITIES, COURSES AND EVENTS? (THESE MAY BE SHARED ON SOCIAL MEDIA AFTER WHICH THE CLUB HAS NO CONTROL ON FURTHER DISTRIBUTION)						
DO YOU CONSENT TO EN	YES/NO					
DO YOU CONSENT TO EN	YES/NO					
DO YOU CONSENT TO EN	YES/NO					
DO YOU CONSENT FOR YOUR MOBILE NUMBER TO BE ADDED TO ABC INFORMATION WHATS APP?						
LEGISLATION INCLUDINGCHILDREN (NORTHERN IRELAND) ORDER 1995						
HAVE YOU EVER BEEN CO OFFENDERS ACT 1974 EX	YES/NO					
HAVE YOU EVER BEEN RE	YES/NO					
PLEASE STATE CLUB:						
DECLARATION						
I HAVE READ THE CLUB RULES AND AGREE TO ABIDE BY THEM AT ALL TIMES						
I CONFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE						
SIGNATURE: DATE:						

PLEASE DO NOT FORWARD PAYMENT WITH FORM

OFFICIAL USE					
PAYMENT DETAILS		AMOUNT			
MEMBERSHIP					
SUBSCRIPTIONS					
FOB NO. ALLOCATED					
	TOTAL				
APPROVED					
MEMBERSHIP SECRETARY:					
DATE:					