

BALTIMORE SAILING CLUB

Membersh	nip Application	Form	(Please write in	print)
Applicants First Name		Applicants Surname		Applicants Title
Partners Name (If Applicable) Partn		Partner	s Surname (If Applicable)	Partners Title
Home Address (Main Address)		Baltimore Address (If Ap	plicable)	
Children Family Me	embers Names		Childrens Date Of Birth	Age
Telephone Numbers (Minimum of One Number) Main Phone: Mobile Phone:			Email Address: PLEASE Other Email (If Applicable)	
Baltimore Phone:				
Type of membership you are applying for TICK ✔ PLEASE NOTE * Your application must be put before the serving committee and is not guaranteed to be passed. Please DO NOT attach payment for membership.		Family Membershi Ordinary Members RNLI with Family: Cadet Membershi Please Note* Children at least one Parent who Student Membersh	ship: € 190 - Annually : € 175 - Annually p: € 50 - Annually under 18, must have o is a member	
Your application n	nust be proposed by 2	current r	members of Baltimore Sailing	g Club
PROPOSED BY	Please Print Name: Please Print Name:		Signature: Signature:	Date: Date:
SECONDED BY				

I wish to apply to become a member of Baltimore Sailing Club

Applicants Signature Date: