

BALTIMORE SAILING CLUB

Membersh	nip Application	Form	n <i>(Plea</i>	ise write in	pri	nt)		
Applicants First Name		Applicants Surname			Applicants Title			
Partners Name (If Applicable)		Partner	Partners Surname (If Applicable)			Partners Title		
Home Address (Main Address)			Baltimo	re Address (If Ap	plical	ble)		
Children Family Me	embers Names		Childre	ens Date Of Birth			Age	
Telephone Numbers (Minimum of One Number) Main Phone:			Email /	Address: PLEASI	E PRI	NT BELOW		
Mobile Phone:			Other Email (If Applicable): PLEASE PRINT					
Baltimore Phone:								
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.		st be is not	Pleas	Family Membersh Ordinary Members RNLI with Family Cadet Membershi e Note* Children st one Parent who cudent Membersh	ship: : p: unde o is a	€ 145 - An € 35 - An er 18, must h	nually nually nually ave	
Your application n	nust be proposed by 2	2 current r	members of	Baltimore Sailing	g Club)		
PROPOSED BY	Please Print Name: Please Print Name: Please Print Name:		Signature: Signature:			Date: Date:		
SECONDED BY			2.3.14.410.					
I wish to apply to become a member of Baltimore Sailing Club								

Date:

Applicants Signature