

CLYDE CRUISING CLUB MEMBERSHIP APPLICATION 2009

SUITE 101
THE PENTAGON CENTRE
36 WASHINGTON STREET
GLASGOW, G3 8AZ

Tel:- 0141 221 2774
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Email:- hazel@clyde.org
Web:- www.clyde.org

I, _____

hereby apply for membership in the CLYDE CRUISING CLUB,
and if elected promise compliance with the constitution.

I desire/do not desire to become a member of the Dinghy Section.
Membership of the Dinghy Section is open to anyone of 8 years
and over, provided that those members aged between 8 and 12
years are accompanied at all times by a responsible person aged
18 and over. All members should be able to swim.

Date _____ Signature _____

(to be signed by parent or guardian of Junior Members under 18
years of age)

Please give the following information in block letters:

Full Name _____

Home Address _____

Post Code _____

Home telephone Number _____

Business telephone Number _____

Mobile Number _____

E-mail address _____

Date of Birth _____

Occupation _____

Other Yacht Clubs of which a Member _____

Any other Clubs of which a Member _____

Yacht Name _____

Sail Number & Letters _____

Class of Yacht _____

Berth _____

If not a yacht owner please state sailing experience _____

Payment may be made by Cheque/Credit Card*/Switch
Please debit my Credit Card*/Switch

Card no.

Expiry Date Switch please give

issue NO. OR Valid From

3 digit security code (Last 3 digits on
Signature strip)

Cardholders name (Please Print)

Signature _____

Date

***Please note we do not accept American
Express, Diners Club, Visa Electron or Maestro.**

Direct Debit Mandate

Although you are asked to pay by cheque or credit
card this year a Direct Debit Mandate form will be
issued to you for future subscriptions.

Please complete and return it at your earliest
convenience.