

ROYAL LYMINGTON YACHT CLUB



PROPOSAL FOR PROVISIONAL MEMBERSHIP

(Please do not use this form for a Full Membership application. Your form will be collected by the proposer)

TO BE COMPLETED BY APPLICANT

1.	PARTICULARS OF CANDIDATE			
		FULL MEMBERSHIP	FAMILY MEMBERSHIP	
	Title (Mr, Mrs, Miss, Dr, etc.)			
	Surname			
	Forenames			
	Known by name (if different to Forename)			
	Decorations, Qualifications, etc. (if appropriate)			
2.	Address - Main			
	Post Code			
	Tel. No. (inc. STD Code)	Home	Work	
	Fax		e-mail	
	Address - Local (if different from main address)			
	Post Code			
3.	Date of Birth			
4.	Nationality			

5.	Occupation (Former if retired)	
6.	Membership of other yacht clubs	
7.	Membership of non-sailing clubs	
8.	Appointments held at other clubs	

9.	BOAT DETAILS If applicable	A	B
	Type		
	L.O.A.		
	Name		
	Sail No.		
	Is the Candidate prepared to make his/her boat available to help with Club events ?	Yes / No	

10.	The Candidate offers the following Referees: At least two referees, (for example from previous yacht clubs), should be invited to write to the Secretary to support this proposal, commenting on the Candidate's sailing experience and plans, his potential contribution to the club and his sociability.	
	(i) Name Address	(iii)) Name Address
	(ii)) Name Address	(iv)) Name Address

11. **PARTICULARS OF FAMILY CANDIDATE/S** - to be completed only if proposed PROVISIONAL member requires membership of husband/wife, and/or children are to be included.

A.	Husband/Wife Forenames		Date of birth	
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B.	Child Forenames		Date of birth	
	Child Forenames		Date of birth	
	Child Forenames		Date of birth	
Minimum/Maximum ages: 8 yrs / 17 yrs respectively				

12.	Please give a brief history of your sailing experience and endorse with your covering letter
13.	Please state any relevant interests, qualifications or associations which you may be prepared to make available to the Club (e.g. qualified race officer, instructor, safety boat driver, etc.)
14.	If you have sailed with any Club member, please give particulars

Signature of the APPLICANT: NAME IN BLOCK CAPITALS: DATE:
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Please return to the Royal Lymington Yacht Club (Membership Secretary) as soon as possible