

EABC

East Antrim Boat Club



EAST ANTRIM BOAT CLUB

MEMBERSHIP APPLICATION FORM

Please Complete in Block Capitals

Full Name			
Date of Birth			
Address			
&			
Post Code			
Occupation			
Phone	Home	Mobile	
E-Mail Addresses (over 17 only)			
Type of Membership			
If Family, please give the following details for all included			
Spouse / Partner		Full Name	
Date of Birth			
E-Mail Addresses (over 17 only)			
Phone	Home	Mobile	
Full Names of All Associated Children			Date of Birth
Boat Owned			
Boating Experience			
Boating Interest	Racing		Cruising
Membership of Other Clubs			
Proposed By	Print		Sign
Seconded By	Print		Sign
I Consent to EABC holding my data in connection with this application and membership per EABC Data Privacy Policy			Signature
Applicant Signature			Date
Official Use Only		Date Received	
Date on Board		Date Sent	
Date Interviewed		Date Paid	
Date Approved		Date Card	

Post completed form to: Hon Secretary, East Antrim Boat Club, 88 Coastguard Road, Larne, BT40 1AU