



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)		1		
Type of Membership				
If Family, please give the following	g 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	Date of Birth	
Boat Owned		I		
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	Signature		
and membership	per EABC Data Privacy Policy			
Applicant Signature		Date		
Official Use Only	Date Received			
Date on Board		Date Sent		
Date Interviewed		Date Paid		
Date Approved		Date Card		