



Thurrock Yacht Club

Membership Application

Thurrock Yacht Club,
Kilverts Wharf,
Argent St.
Grays,
Essex.
RM17 6JF

Personal Details

Surname:

Forename(s):

Address:

Town:

County:

Post Code:

Member contact phone number:

Date of Birth:

Email:

In an effort to keep membership costs at a minimum it would be helpful if members would agree to use email as their preferred method of contact. This is in place of posting of hard copies of documents. Please note some documents may still be posted however the majority will be sent to you by email. It will of course be the member's responsibility to check their email regularly. If you are NOT willing to have email as your preferred means of communication then cross this box. []

Contact in Case of Emergency

Name:

Contact number:

Membership Details

Type of membership required (please circle as appropriate)

Full

Associate*

Cadet

Midshipman

Family**

* Associate - Please state full member the associate members is linked to.

** Family - Please state the names (and ages of dependants) of additional Family members. One additional adult, and any number of children in same household that fulfil Cadet (11-18yrs) and / or Midshipman (18-23 and in full time education) criteria. Please note the adult who is named above on this form will act as the Full member for the family. The additional adult named below will hold associate membership only.

Boat Ownership

Joint ownership, please state co-owners name:

Dinghy

Sail

Motor

(Circle)

Boat Name:

Lying:

Length Overall (NB. Not water line), in feet:

Beam, in feet:

Draft, in feet:

Make:

Year of manufacture:

Date of last survey:

Do you require a mooring Yes / No (delete as appropriate)

Declarations

I _____ being desirous of becoming a member of Thurrock Yacht Club (TYC), hereby declare that the information contained herein are correct, and if elected to membership agree to conform to all TYC rules and bylaws or any regulations and or directions which may from time to time be made or given by the Committee.

The information which you provide in this form and any other information obtained or provided during the course of your application for membership will be used solely for the purpose of processing your application and if elected to membership, dealing with you as a member of TYC including creation of a membership phone number list which will be available to all members. The data will not be shared with any third party for marketing or commercial purposes without firstly obtaining your explicit consent. If you object your phone number being made available to members please cross this box. []

The committee reserves the right to reject any application or withhold membership without explanation. Every applicant must appear before the Committee before election and if elected is then subject to a probationary period of not less than six months. Please return the completed application to the address overleaf for the attention of the secretary.

Signature:

Dated: ___ / ___ / 20 ___



Membership Application Proposal Form

Name:

Member Type:

The above named has applied for membership of Thurrock Yacht Club.

Proposer Name:

Signature:

Dated:

Secunder Name:

Signature:

Dated:

We consider the applicant to be suitable for membership of this club and confirm that the answers given are correct to the best of our knowledge and belief.