



PENINSULAR SAILING CLUB SELANGOR

### MEMBERSHIP APPLICATION FORM

Type of membership for which application is being made (tick as appropriate)

Full       Associate       Cadet

Personal Details (please print)

Title :  Mr     Mrs     Ms     Other ..... (Please specify)



Affix  
Photo

Surname: ..... First Name (s): .....

Mailing Address: .....

Town: ..... City: ..... Postcode: .....

State: ..... Country: .....

Home Tel.: ..... Mobile: .....

Email: ..... Preferred method of contact: Email / Mobile / Home Phone

Nationality: ..... Date of Birth: ..... Gender: M / F

Profession / Occupation: ..... Company: .....

Membership of other sailing / yacht clubs: .....

Boat owner ? : Yes / No      (Members are required to complete a boat registration form upon joining)

Type of boat: Dinghy / Sailing Cruiser / Sailing Sports / Power / Motor-Sailor / RIB / Other .....

Name of Boat: ..... Where currently berthed: .....

Candidate's Signature: ..... Date: .....

Current Full Members supporting Application	Signature	Membership No.
Proposer		
Seconder		
<b>Candidates will be required to attend a meeting with the Membership Committee Members</b> please send completed form to the address below		