

Carlingford Sailing Club

Membership Application Form

Please complete all sections in Block Capital



Details of Candidate for Election:

Name:		
Address:		
Date of Birth:		Contact Phone Nr:
Contact Email Address:		
Level of Membership Sought (please tick):	Full:	<input type="checkbox"/>
	Cadet:	<input type="checkbox"/>
	Shore/Associate:	<input type="checkbox"/>
Signature:		Date:

Details of Proposer:

Name:	
Address:	
Signature:	Date of Proposal:

Details of Seconder:

Name:	
Address:	
Signature:	Date:

Applications forms should be forwarded to
 Carlingford Sailing Club, Ghan Rd., Carlingford, Co. Louth
 or emailed to info@carlingfordsailingclub.net

See notes overleaf.

NOTE (as per the Constitution of the Club):

1. The Proposer and the Seconder must be Full Members of the Club
2. When the Candidate is seeking consideration for Full Membership, the Proposer and Seconder must be Full Members of the Club for not less than three years prior to the Date of Proposal
3. The name and address of the Candidate will be displayed on a notice board in the Club for at least 14 days prior to the date of the meeting when the Committee shall proceed to elect or reject the Candidate
4. The Committee ensures the application will be considered with 3 months of the date of receipt of application
5. The (Honorary) Membership Secretary shall inform the Candidate in writing of the decision of the Committee.

For Office Use Only

Date Application Received
Date Application Notice Displayed
Date of Committee Meeting
Decision of Committee