

**SUSSEX POLICE OFFSHORE SAILING CLUB MEMBERSHIP FORM**

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| **SURNAME:**  |

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| --- |
| **FIRST NAMES:**  |

|  |
| --- |
| **ADDRESS: (include postcode)** |

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| --- |
| **HOME TEL:**  |

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| --- |
| **MOBILE TEL:** |

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| --- |
| POSTING:  |

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| --- |
| DIVISION:  |

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| --- |
| WORK TEL: WORK MOB: |

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| --- |
| **E-Mail address:** |

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| SAILING QUALIFICATIONS:  |

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| SAILING EXPERIENCE:  |

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| --- |
| OTHER RELEVANT INFORMATION: |

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| **SPSA MEMBERSHIP FEE**: DO NOT PAY / PAID MONTHLY AT SOURCE / PAID ANNUALLY Delete as appropriate |

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| **BOAT OWNED** TypeLengthName Call Sign  |  | ***I have read and agree to be bound by the Rules of the SPOSC*****( Available at** [**http://sposc.weebly.com/**](http://sposc.weebly.com/) **)**.........................................................Signed  |

Please printout and forward this form to the Chair and the Membership Secretary

**It is requested that all members complete this form in order to keep the membership records up-to-date**

*Any information you give will be stored in compliance with the Data Protection Act*

*1998. The Act includes the statutory right of access to personal information*