

**SUSSEX POLICE OFFSHORE SAILING CLUB MEMBERSHIP FORM**

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| **SURNAME:** |

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| **FIRST NAMES:** |

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| --- |
| **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**  Type  Length  Name  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*