



SUSSEX POLICE OFFSHORE SAILING CLUB MEMBERSHIP FORM

SURNAME:	
FIRST NAMES:	
ADDRESS: (include postcode)	
HOME TEL:	
MOBILE TEL:	
POSTING:	
DIVISION:	
WORK TEL:	WORK MOB:
E-Mail address:	
SAILING QUALIFICATIONS:	
SAILING EXPERIENCE:	
OTHER RELEVANT INFORMATION:	
SPSA MEMBERSHIP FEE: DO NOT PAY / PAID MONTHLY AT SOURCE / PAID ANNUALLY Delete as appropriate	

BOAT OWNED
Type
Length
Name
Call Sign

<i>I have read and agree to be bound by the Rules of the SPOSC</i> (Available at 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