

BRITISH CLASSIC YACHT CLUB

Application for Associate Membership

Applicant: Title: Surname:		Forename:
Address:		
DOB:	Profession:	
Home Tel:	Work Tel:	Mobile:
Email Address:		
Sailing CV:		
Please indicate below any of your inte		x to the right of the item. The skills professionally to Members
Cruising/Rallies		elp run classic events
Crewing on Members yachts – UK		crease my classic sailing experience
Crewing on Members yachts – Abroad		wn/Co-own classic yacht in future
Assist practically in restoration	So	ocial/Functions
Help fitting out	Ad	dvertise my Company services in the Club
		, for my annual subscription, and understand this in the British Classic Yacht Club
Proposed by:		or Committee use only nis application has been approved/declined
Proposer's Yacht Name:	Si	gned:
Signed	D	ofa.

Please return your form together with your payment to:

Brian Gascoigne
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London
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