

EASTNEY CRUISING ASSOCIATION FORT POINT – FERRY ROAD – EASTNEY – PORTSMOUTH - PO4 9LY <u>MEMBERSHIP</u> APPLICATION 2024

ENTRANCE FEE £233.00 ON ACCEPTANCE plus a further £117.00 ON COMPLETION OF ONE YEAR PROBATIONARY PERIOD

ANNUAL SUBS

PROJECT LEVY £12.50 (for 2023/24 & £205.00

2024/25)

I wish to apply for membership of the Eastney Cruising Association.

I agree if accepted as a member to abide by the Rules of the Association and to respect those rules and the interests of the Association at all times. I also accept responsibility for the behaviour of my family and guests and agree to supervise any children among our party at all times.

Family membership includes the spouse or partner and any children under the age of 18 years and entitles the spouse or partner to use the bar facilities. (Children may join as cadets for whom a separate form is available).

I have no current convictions from a Court of any criminal offence (excluding minor motoring offences). I have never been the subject of a finding of dishonest or gross misconduct.

I have never been disciplined by any professional, trade or other tribunal.

I am not involved in proceedings against me before a criminal court or professional trade or other tribunal, nor am I to my knowledge the subject of any criminal professional trade or other investigation.

| SIGNATURE DATE | | |
|--|------------------------------------|-----------------------------|
| DATE OF BIRTH | | |
| TITLE SURNAME FIRST N | NAME | |
| ADDRESS | | |
| POSTCODE PROFES | SSION | |
| TEL. NO (home) | | (mobile) |
| EMAIL ADDRESS | | |
| SPOUSE/PARTNERS NAME Applicants must be proposed and seconded by full e Association known to them or two suitable written r supplied with this application. | xisting members of the | |
| Proposed by | Signature | |
| Seconded by Memb. No | Signature | |
| Type of Water sport in which interested If there are no objections from existing members, applicants will b | | |
| to attend a meeting with the Association officials when vacancies a You will appreciate that this carries no guarantee of acceptance. PLEASE <u>DO NOT</u> ENCLOSE FEES WITH THIS APPLICATION Should your application be successful by accepting it you are a | arise. Passport Photo Please | Passport Photo Please |
| to ECA holding your information and using it for Club member authorised statutory bodies only. | | Spouse/partner |



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ADDITIONAL INFORMATION REQUIRED

Associate of Member details (Spouse/Partner of Member)

| Name | | |
|-------------|---------------|--|
| | | |
| House | Landline | |
| Number | Number | |
| Street/Road | Mobile Number | |
| District | Email address | |
| Town/City | | |
| Post Code | Date of Birth | |

| Contact name and number is case of | |
|------------------------------------|--|
| emergency | |

Do you consent to your name and telephone details (not your address) being included in a members directory (this is used so other members may contact you). This directory will be reviewed annually.

Yes, I consent/No, I do not consent (delete where applicable)

OFFICE USE ONLY

M/C – INTERVIEW APPROVED – Y/N INVOICE PAID