

The Spanish Point Boat Club

P. O. BOX HM 770 HAMILTON HM CX Tel: 441-295-1030

To the Secretary of the Spanish Point Boat Club

1 SPANISH POINT ROAD PEMBROKE HM 01 Fax: 441-292-8024

E-mail: spbc@northrock.bm

MEMBERSHIP APPLICATION

I understand that I will be proposed for	r membership by						
	and s	seconded by					
(Print & Sign)		· ————————————————————————————————————	(Print & Sign)				
Only memb	ers of 5+ years ca	an proposed or second a new	member				
Classification of Membership:							
Name in Full (Please Print):							
Home Address:							
Mailing Address:			·				
Contact Numbers (H)	(W)	(C)					
Date of Birth (DD/MM/YYYY)	MM/YYYY) Place of Birth:						
Nationality:	ationality: Married/Single:						
Email:							
Have you ever been a member of SPB	C?	-					
If yes, under what Classification:		and when					
List the name of any clubs or associati	ons that you are co	urrently a member of and the	amount of time that you				
have been a member:							
Date of Application:							
IN ORDER FOR THIS APPLICATIO TIME THIS APPLICATION IS SUBM (DUES) WITHIN THIRTY DATES O DEEMED INVALID AND THE INIT ***********************************	MITTED. SHOUI OF THE APPLICA TATION FEE FOI	LD ANY CANDIDATE FAI TON BEING APPROVED, RTEITED TO THE CLUB. (L TO PAY HIS/HER BALANCE THIS APPLICATION SHALL BE (As per Rule 33)				
Date Received: Recei	ved by:	Amount Paid: \$	Receipt #:				
Method of Payment: Check:	Cash:	or Credit/Debit Ca	ard:				
Date of Approval:	Signa	ture of Secretary:					