



# The Spanish Point Boat Club

P.O. Box HM 770  
Hamilton HM CX  
Phone: (441) 295-1030

Spanish Point Road  
Pembroke West  
Fax: (441) 292-8024

## JUNIOR / INTERMEDIATE MEMBERSHIP APPLICATION

To the Secretary of the Spanish Point Boat Club:

I understand that I will be proposed by

\_\_\_\_\_ and seconded by \_\_\_\_\_  
(Print & Sign) (Print & Sign)

*Only those senior members 18 years and older, who have been a member in good standing for 5+ years can propose or second a new member.*

Classification of Membership: (DELETE INVALID OPTION) **JUNIOR** or **INTERMEDIATE MEMBER**

Name in Full (Please Print) \_\_\_\_\_

Name of Parent or Legal Guardian: (Please Print) \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Information: (HOME) \_\_\_\_\_ (PARENTS WORK) \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Age at Time of Application \_\_\_\_\_

Em@il \_\_\_\_\_

Have you ever been a member of the S.P.B.C. \_\_\_\_\_

If yes, under what Classification \_\_\_\_\_ and when \_\_\_\_\_

List the names of any clubs or associations that you are currently a member of and the length of time that you have been a member.  
\_\_\_\_\_

Date of Application: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_  
DD/MM/YYYY

**IN ORDER FOR THIS APPLICATION TO BE PROCESSED THE INITIATION FEE MUST BE PAID AT THE TIME THIS APPLICATION IS SUBMITTED. SHOULD ANY CANDIDATE FAIL TO PAY HIS / HER BALANCE (DUES) WITHIN THIRTY DAYS OF THE APPLIATION BEING APPROVED, THIS APPLICATION SHALL BE DEEMED INVALID AND THE INITIATION FEE FORFEITED TO THE CLUB. (As Per Rule 33)**

\*\*\*\*\*FOR CLUB USE ONLY\*\*\*\*\*

Date Received \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Method of Payment: CHECK  or CASH  or CREDIT/ DEBIT CARD

Date of Approval: \_\_\_\_\_ Signature of Secretary: \_\_\_\_\_