

SMUGGLERS' COVE BOAT CLUB APPLICATION FOR MEMBERSHIP

OFFICE USE ONLY

Received by: (Orientation Chairperson)	DATE:
NOTES:	

APPLICANT'S INFORMATION

DATE OF APPLICATION		DATE OF BIRTH	
SPONSORED BY			
SURNAME		GIVEN NAME(S)	
ADDRESS			
CITY/TOWN		PROVINCE	POSTAL CODE
HOW LONG AT THE ABOVE ADDRESS?		PREVIOUS ADDRESS?	
FROM	TO	FROM	TO
HOME PHONE		BUSINESS PHONE	CELL PHONE
E-MAIL ADDRESS (If desired)			

LIST YOUR IMMEDIATE FAMILY MEMBERS WHO WILL BE USING THE CLUB

	SURNAME	GIVEN NAMES	RELATIONSHIP	ADDRESS	DATE OF BIRTH
1					
2					
3					
4					
5					
6					

CHARACTER REFERENCES

List three people who we may personally contact if not sponsored by member

Only one needed if sponsored by S.C.B.C. member

	NAME	OCCUPATION	ADDRESS	TELEPHONE	YEARS KNOWN
1					
2					
3					

EMPLOYMENT HISTORY

NOTE: Begin with your present employment

	EMPLOYER	ADDRESS	TELEPHONE	PART TIME	FULL TIME
1					
2					
3					

CLUB OR ASSOCIATION MEMBERSHIP

CLUB NAME	POSITIONS HELD

INTERESTS AND SKILLS (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/>	SMALL ENGINE MECHANIC	<input type="checkbox"/>	ELECTRICIAN	<input type="checkbox"/>	PHOTOGRAPHY & VIDEO	<input type="checkbox"/>	COMPUTER SKILLS
<input type="checkbox"/>	DRAFTING ENGINEER	<input type="checkbox"/>	CARPENTER MILLWRIGHT	<input type="checkbox"/>	MUSICIAN	<input type="checkbox"/>	BOOK KEEPING RECORDS MANAGEMENT
<input type="checkbox"/>	CIVIL ENGINEER	<input type="checkbox"/>	WELDER	<input type="checkbox"/>	SCUBA DIVING	<input type="checkbox"/>	ORGANIZING EVENTS
<input type="checkbox"/>	MECHANICAL ENGINEER	<input type="checkbox"/>	PLUMBER	<input type="checkbox"/>	SWIMMING	<input type="checkbox"/>	PUBLIC SPEAKING
<input type="checkbox"/>	ELECTRICAL ENGINEER	<input type="checkbox"/>	CONSTRUCTION	<input type="checkbox"/>		<input type="checkbox"/>	CATERING
<input type="checkbox"/>	PAINTING	<input type="checkbox"/>	HEAVY CONSTRUCTION	<input type="checkbox"/>		<input type="checkbox"/>	

OTHER (PLEASE SPECIFY):

VESSEL INFORMATION

SAIL	POWER
MANUFACTURER:	REGISTRATION NUMBER:

LENGTH:	DRAFT:	BEAM:	WEIGHT:
NAME:	DISPLACEMENT:		

INSURANCE AGENCY:

POLICY NUMBER:

PLEASE SEND APPLICATION TO
SMUGGLER' COVE BOAT CLUB
P.O. BOX 309, VIRGIL, ONTARIO L0S 1T0
OR
RETURN TO SPONSOR OR MEMBER OF S.C.B.C.