

PERSONAL DETAILS

ASSOCIATE MEMBERSHIP

Surname.....
Forenames.....
(Name known as).....
Address.....
.....
.....



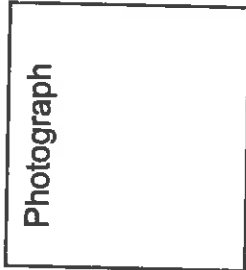
Post Code.....
Home Telephone No.(inc.STD Code).....
Mobile Telephone No.....
Date of Birth.....Occupation.....
Place of Employment.....

**WHY WOULD YOU LIKE TO BECOME AN
ASSOCIATE MEMBER OF S.I.B.C.?**

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.....
.....
.....

SPOUSE/PARTNER DETAILS

Surname.....
Forenames.....
(Name known as).....
Address.....
.....
.....



Post Code.....
Home Telephone No.(inc.STD Code).....
Mobile Telephone No.....
Date of Birth.....Occupation.....
Place of Employment.....

**PROPOSER AND/OR SECONDER TO ACCOMPANY
NEW APPLICANT TO MEMBERSHIP INTERVIEW**

Proposed By.....

Signature.....Date.....

Seconded By.....

Signature.....Date.....

FOR OFFICIAL USE ONLY

STRAWBERRY ISLAND

BOAT CLUB

MILETHORN LANE DONCASTER

DN1 2SU



**ASSOCIATE
APPLICATION**

Name	
DATE APPLICATION RECEIVED	
DATE APPLICATION ACKNOWLEDGED	
INVITED FOR INTERVIEW ON	
LETTER OF INVITATION SENT ON	
DATE PAYMENT RECEIVED	
ISSUE RECEIPT (CHECK AMMOUNT PAID)	
ALLOCATE MEMBERSHIP NUMBER	
ISSUE RULES (& BADGE)	
ISSUE MOORING APPLICATION FORM	
ENTER PAYMENT IN PAYMENT BOOK	
ADD TO RUNNING TOTAL OF MEMBERS	
UPDATE DATABASE	
MAKE OUT PAYMENT CARD	
ADD TO REGISTER	
INFORM MOORING OFFICER	
PROBATION MEETING	
PROBATION COMPLETE (DATE)	