

Rudyard Sailability

FAMILY MEMBERSHIP APPLICATION

For safety reasons a medical questionnaire must be completed before taking part in any activities.

A medical questionnaire can be downloaded from www.rudyardsailability.org.uk/membership
Please fill in the form below (BLOCK LETTERS – BLACK INK)

APPLICANT DETAILS	
TITLE	
SURNAME	
FIRST NAME	
ADDRESS	
TELEPHONE (home)	
(mobile)	
E-MAIL	
DATE OF BIRTH	
TYPE OF MEMBERSHIP (please add each separate family member below)	Family Membership £70 (cheques to be made payable to Rudyard Sailability)
PREVIOUS SWIMMING / SAILING EXPERIENCE / QUALIFICATIONS	
NEXT OF KIN / CARER	
NAME	
ADDRESS	
TELEPHONE (home)	
(mobile)	
E-MAIL	

GIFT AID DECLARATION: I am a UK tax payer and I would like my donation to be tax effective under the gift aid scheme.

Signature Print Name Date

In accordance with the Data Protection Act 1987 your details will only be used for the purpose of Rudyard Sailability membership and will not be passed on to any third parties.

Sailing for People who Live with Disability

