

The logo for Stornoway Sailing Club features the text 'STORNOWAY' in a bold, blue, sans-serif font at the top. Below it, the word 'SAILING' is written in a light blue, cursive font, set against a stylized background of a sailboat's hull and a curved wake in shades of blue and purple. At the bottom, the word 'CLUB' is written in a bold, blue, sans-serif font, matching the top word.

STORNOWAY SAILING CLUB

Our Club meets at Cuddy Point in the Lews Castle grounds on Tuesday evenings and Saturday afternoons, weather permitting. We will also have some sessions ashore to fill in knowledge gaps and improve our sailing skills - Theory can be fun!

We welcome members of all ages from all levels of sailing experience from complete beginners to experienced sailors.

All bulletins and instructions regarding sessions will be posted on our Facebook page at: -

<https://www.facebook.com/stornowaysc>

MEMBERSHIP CATEGORY							
FAMILY* £60		INDIVIDUAL £40		STUDENT / JUNIOR (< 18) £20		HONORARY (non-sailing) RADIO-CONTROLLED	

* includes up to **two adults and up to three children aged under 18** as of **1st May 2021** living at the same address.



Concessionary rates may be available on a case-by-case basis upon application. **Day rates** are available for up to a maximum of 2 days (£10 for adults and £5 for juniors).

PRIMARY CONTACT DETAILS		For Junior members, the Primary Contact must be a parent or guardian with legal responsibility for them. Completing this form gives consent for said Junior Member to take part in Club activities.	
TITLE:	FULL NAME:		
ADDRESS:			
HOME PHONE NO:		MOBILE NO:	
EMAIL:			

IN CASE OF EMERGENCY NAME AND NUMBER (required)	CONTACT should be a NON-SAILING ADULT , who should be IMMEDIATELY CONTACTABLE FOR THE ENTIRE SESSION(S)
NAME:	NUMBER:

FAMILY MEMBER(S) / JUNIOR MEMBER CONTACT DETAILS			
FULL NAME	EMAIL (optional)	MOBILE (optional)	DATE OF BIRTH (If under 18)

ADDITIONAL DETAILS – required for all members named in the previous section.		
FIRST NAME OR INITIALS	QUALIFICATION (Delete where inapplicable. Circle if interested in training)	MEDICAL CONSIDERATIONS (If Yes please outline overleaf)
	Instructor Race Management First Aid Safety / Powerboat	YES NO
	Instructor Race Management First Aid Safety / Powerboat	YES NO
	Instructor Race Management First Aid Safety / Powerboat	YES NO
	Instructor Race Management First Aid Safety / Powerboat	YES NO
	Instructor Race Management First Aid Safety / Powerboat	YES NO

DECLARATION
<p>I and any above-named members of my family hereby apply / I, as an adult with legal responsibility for the Junior member(s) named above, apply on their behalf for membership of <i>Stornoway Sailing Club</i> for the period to 30th April 2022 inclusive, and I/we agree to abide by its Constitution, Club Rules, and Safeguarding Policies*. Furthermore, I / we undertake to keep any information I / we supply to the Club updated, and consent to it being retained in digital Club records or databases, in compliance with GDPR. (delete where inapplicable)</p> <p>I / we consent <input type="checkbox"/> do not consent <input type="checkbox"/> (tick where applicable) to the Club's Photographic Policy*.</p> <p>I / we consent <input type="checkbox"/> do not consent <input type="checkbox"/> (tick where applicable) to the inclusion of the primary contact details in the Club Members Directory.</p> <p><small>*Full copies of Stornoway Sailing Club's Constitution and Policies can be found and downloaded from the Club Documents section of the Club's website at www.stornowaysc.org</small></p> <p>Signature  _____ Date  _____</p>

MEDICAL DETAILS

Please outline any **relevant medical conditions** and their **treatments** for any of the above applicants which may need to be taken into consideration when attending Stornoway Sailing Club activities and any **medication** that should be brought with them (e.g. asthma inhalers). **Information will be treated with the strictest confidence. Please ensure to update the Club as necessary.**

BOAT DETAILS (where applicable and/or known)

Boat 1	
Boat Name	Boat Type Yacht / Cruiser Dinghy Motor Cruiser RIB
Class Manufacturer & Type*	Sail Number
Variant	Designer
Rig	Year Built
Handicap Type IRC NHC CYCA Portsmouth Yardstick	Handicap Number

*Please INDICATE IF YOUR BOAT IS NON-STANDARD (i.e., one-off, modified, optimised, etc.)

Boat 2	
Boat Name	Boat Type Yacht / Cruiser Dinghy Motor Cruiser RIB
Class Manufacturer & Type*	Sail Number
Variant	Designer
Rig	Year Built
Handicap Type IRC NHC CYCA Portsmouth Yardstick	Handicap Number

*Please INDICATE IF YOUR BOAT IS NON-STANDARD (i.e., one-off, modified, optimised, etc.)

Please return your completed form and full payment to a Club Official or post (cheques only, made out to 'Stornoway Sailing Club' - No cash by post please) to: -

The Membership Secretary, Stornoway Sailing Club, C/O 36 Lower Garrabost, Isle of Lewis, HS2 0PW

DIRECT PAYMENT may be made to Bank Sort Code **83-27-12** Account Number: **00733392**.

PLEASE ADD your **surname and initials** as the **reference** and **notify** treasurer@stornowaysc.org