



MEMBERSHIP APPLICATION

Name of Family: _____

Names of Adults: _____

Names of Children: _____

Ages of Children: _____

Address: _____

Telephone Contact Numbers: (HM): _____ (WK): _____

(CELL): _____ Email Address: _____

Please select one of the following:-

- Individual Family Membership
\$100 per annum \$200 per annum

Fees are payable in January for the calendar year.

Checks may be sent to:-

The Grand Bahama Sailing Club
P.O. Box F-40320
Freeport, Grand Bahama

If cash is paid, please give to any Committee member.

This form may be faxed to 374-2421