



Lichfield Cruising Club 2000 Ltd.

Registered Office: Canal Cottages, Huddlesford Junction
Lichfield, WS13 8PX
Tel: 01543 432004

Membership application			
Application type (tick the appropriate box)		Full member <input type="checkbox"/>	Associate member <input type="checkbox"/>
Your details	Title	First name(s)	Surname
		Known As	
Address 1		Town / City	Post Code
Current occupation			
Partner details	Title	First name(s)	Surname
		Known As	
Address 2 (if different)		Town / City	Post Code
Current occupation			
Details of children aged under 18			
First name		Surname	Date of birth
First name		Surname	Date of birth
First name		Surname	Date of birth
Contact details			
Email 1		Telephone 1	Mobile 1
Email 2		Telephone 2	Mobile 2
Skills (please identify any skills / trades experience you are willing to share that will benefit the Club)			
Skill 1		Skill 2	Qualifications

Member of the Association of Waterways Cruising Clubs (AWCC)

Visit our website: www.lichfieldcruisingclub.co.uk

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Co-owners – is the boat shared with anyone else? Co-owners should complete their own application form.		
Co-owner's first name	Co-owner's surname	Telephone
Your boat details		
Name of boat	Style: Trad/ Semi-trad/ Cruiser	Exact Length (metres or feet)
Index number	BW licence expiry month / year	
Mooring location if applicable (Associate members only)		Location
Fees (2013-2014)		
	Full member	Associate member
Joining fee	£550.00	£55.00
Membership fee	£220.00 This includes partner and children under 18 years of age	£44.00 Single member
Mooring fee	£16.75 per foot	-----
<p>I / We, please <i>insert name(s)</i> below</p> <p>confirm that <i>Insert boat name</i> is fully insured for third party / fully comprehensive risks , hereby apply for membership of the Lichfield Cruising Club and agree to abide by the Rules of the club.</p> <p>Data Protection: I/ We consent to necessary membership information being stored on paper and electronic files for the use of Lichfield Cruising Club officers in the course of their duties.</p> <p>Applicant(s) signature(s):</p> <p>Please return this form to the membership secretary.</p>		OFFICE USE ONLY
		Interviewed by:
		Application Reference No:
		Start of Membership
		Date:
Security informed		
Date:		
Details recorded		
Date:		

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