



# UK SPLASH CLASS ASSOCIATION MEMBERSHIP FORM

Please complete all fields below that are applicable. Where possible include your e-mail address as this is the preferred method for the Association to get in touch with you.

Family Surname:	Type of Member:		Sailing Club:
Parent's Christian Names :	How many Splashes at your Club?		
Address:	Date:		
Postcode:	Tel. No:		
Family E-mail Address:			
Children :	Sailor	Sailor	Sailor
Christian Name:			
Date of Birth:			
Boat Number:			
Boat Name:			
E-mail Address:			

Please send your cheque for £5 per (F) Family Membership,  
(covers all boats in the family)  
£5 per (I) Individual Membership,  
£5 per (A) Associate Membership  
payable to the UK Splash Class Association to:  
Please note that to score points in the Traveller Series  
you need to be a member of the Association

**Caroline Marfleet,  
Secretary,  
Tunneys Barn, Tunneys Lane,  
Ditchingham, Bungay,  
Suffolk  
NR35 2RQ  
Tel: 01986 892080**

**e-mail: membership-secretary@splashdinghy.org.uk**

Office use:	Recd:	Mem/Cds/Snt	Treas/Mon
Measurement Certificate :	New/Change of Ownership:		

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**TREASURERS COPY OF MEMBERSHIP APPLICATION FORM**

Family Name:			
	Sailor	Sailor	Sailor
Members:			
		Amount Paid:	
	Cheque/Cash:		Cheque No: