

## **OXFORD DITCH CRUISING CLUB**

APPLICATION FOR MEMBERSHIP			
I wish to apply for	Joint o	or Family Membership	
	Iı	ndividual Membership	
Full Name			Mr/Mrs/Ms
Full Name			Mr/Mrs/Ms
Address			
Post Code			
Telephone	Home:	Mobile:	
Email address			
Email address			
Other boat clubs of which			
you are a member			
Name and length of boat			
Normal Mooring Location			
This application must be proposed and seconded by two exist of the Oxford Ditch Cruising Club			ing members Years known
Proposed by:			
Seconded by:			
I confirm that, in accordance with Rule 34, my boat is insured for a minimum £2million third party indemnity with:  Name of Insurers:			
Signed:		Date:	