Membership No.	
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CHANGE TO MEMBERSHIP OF THE ISLAND CRUISING CLUB

(Please print clearly)

I/We wish to change my membership category as a member/s of The Island Cruising Club, and agree to continue to be bound by the Memorandum and Articles of Association of the Club

Title:	First Name:		Surname:	D.O.B:
Home Address	:			
				Post Code:
Home Phone N	lo: Mobile No:			
Email Address:				
	FAMILY DETA	ILS – PLEASE LEAVE TH	E FOLLOWING SECTION BLA	ANK IF NOT APPLICABLE
Spouse/Partne	er - must be residing	at the same address		
Title:	First Name:		Surname:	
Children				
Miss/Master F	irst Name:		_ Surname:	D.O.B
Miss/Master F	irst Name:		_ Surname:	D.O.B
		MEMBERSHIP TY	/PE & ANNUAL SUBSCRIPTI	ONS
I enclose my a	nnual subscription fo	r the following membe		
	Personal Sailing	£50.00	Personal Non-Sail	ing£25.00
	_	£75.00		g£35.00
		£100.00		g£55.00
		f35.00	•	f20.00

Please return this form to The Island Cruising Club, Number 3 Boat Store, Island Street, Salcombe, Devon, TQ8 8DP

Tel: 01548 844631 email: ICC.Admin@islandcruisingclub.co.uk www.islandcruisingclub.co.uk

Renewing your membership each year by Standing Order keeps our costs low, please therefore complete the attached Mandate and forward to your bank for processing in readiness for your renewal in 12 months.

Bank Standing Order Mandate				
Name and address of your Bank:				
	Sort Code: Account No.: 0-94-72) for the credit of The Island Cruising Club Account No. 00696729 the sum of			
£on//	(start date) and annually thereafter.			
Please quote my Membership Number	as my reference.			
Title: Forename(s):	Surname:			
Address:				
	Post Code:			
Signed:	Date			

You may cancel this Standing Order at any time by advising your bank in writing.

Please notify us of any changes to your name or address while this mandate is in force. The changes can be accepted via email.

Our email address is ICC.Admin@islandcruisingclub.co.uk Thank you for your support.