Changi Sailing Club
32 Netheravon Road, Singapore 508508
Tel: 6545-2876
Web: www.csc.org.sg Email: enquiry@csc.org.sg
Registration Ref No.: 205/87SPO

Recent Passport-sized Photograph

APPLICATION FORM FOR YOUTH (SAILING) MEMBERSHIP

TYPE OF MEMBERSHIP (Non-transferrable)	*Annual Subscription (Non-refundable)*
Youth (Sailing) Membership (Age between 8 to 15 years old) (ends on 15th birthday)	$327.00

*** Price is inclusive of GST**

Terms & Conditions

Entrance fee: Non-Applicable

- Open to youth between 8 to 15 years old (ends on 15th birthday)
- For Singaporean / PR only
- No signing facility and bringing of guests.
- Strictly for Sailing programs only.
- Must have completed Opti-Sailor/Opti-Racer Certifications/Proficiency Level 1
- Boat storage is allowed. Fees apply.
- No booking of facilities.

Certification: Please produce a duplicate copy of the sailing certificate.

PERSONAL DETAILS

Full Name in BLOCK LETTERS: (Please underline Family Name)		Please circle: Gender: Male / Female
Date of Birth: (Day/Month/Year)	NRIC / Passport No.:	Nationality:
Mobile:	Email Address	

Details of Parent/Guardian:	
Name of Parent/Guardian:	Mobile
Home Address	
Email address:	

APPLICATION DECLARATION

I declare that all information provided in this application is true and correct. I am an undischarged bankrupt and no bankruptcy proceedings have been commenced or threatened against me. I agree to be bound by the Club's Rules and Regulations including its Bye-Laws and agree to the following terms and conditions:

1. I am fully aware and agree that the subscription fees are non-refundable and non-transferrable once the application is approved.
2. The CSC Management Committee has absolute discretion to approve or reject my application without assigning any reasons whatsoever.
3. This application cannot be withdrawn or cancelled once submitted, and the monies paid will only be refunded if the application is rejected by the CSC Management Committee.

Parent's/Guardian Signature: _____ Date: _____

FOR OFFICE USE

Verified by Membership Sub-Committee

Application Status: APPROVED / REJECTED

Sign by: _____ Date: _____

Membership Sub-Committee

Remarks: _____

_____

_____

Membership No: _____ Dated received: _____

Payment by: _____ Amount paid: _____