



Date Received _____
Serial Number _____

ABERDEEN BOAT CLUB LIMITED

20 Shum Wan Road, Aberdeen, Hong Kong

**APPLICATION FORM FOR
(ASSOCIATE, SAILING, SHORT TERM, YOUNG ASSOCIATE, YOUTH, LEGACY, WEEKDAY MEMBERSHIP
NOMINEE SUBSCRIBER, DEBENTURE SUBSCRIBER, WEEKDAY DEBENTURE SUBSCRIBER)**

Circle the type of membership you wish to join

Personal Details

Family name *(Dr/Mr/Mrs/Ms/Miss/Prof) _____ Given names: _____ Gender *M /F _____

HKID No. / Passport No (*please select*) - Identity No . _____ Nationality _____

Date of Birth _____ Place of Birth _____

Home E-Mail _____ Home No _____ Home Fax _____

Mobile No 1 _____ Mobile No 2 _____ Mobile No 3 _____

Residential Address _____

Company Name _____

Company Title _____ Profession or Occupation _____ Industry _____

Company Telephone No _____ Company Fax No _____

Company E-Mail _____

Company Address _____

Member of any other clubs in HK? _____

Facebook _____ Linkedin _____

Whatsapp _____ Twitter _____

Like to receive Sailing Information / E-mail _____ Business () _____ Personal () _____ No () _____

Like to receive E-letters _____ Business () _____ Personal () _____ No () _____

Like to receive Horizons Format _____ E-Horizons () _____ Hard Copy Horizons (Business) / (Home) _____
Please select

Like to receive Statement Format _____ E-Statement () _____ Hard Copy Statement (Business) / (Home) _____
Please select

Like to have access My Data on the ABC Website _____ Yes () _____ No () _____

If you have any of the following qualifications please tick the appropriate box and complete the details below

Sailing Level Certificates	Yes () Level	Other			
Keel Boat License	Yes () Level				
Masters Certificate	Yes () Level	Expiry Date	Engineers Certificate	Yes () Level	Expiry Date
Diving Certificate	Yes () Level	Expiry Date			
First Aid Certificate	Yes () Level	Expiry Date			
Approval for Dinghy Hiring	Yes () Level	Effective Date			

Boat Information – Boat 1

Boat Operating No	Boat Sail No.	Boat Name	Boat Type (Junk/ Sailing Yacht/ Cruiser)
Boat Size	Insurance *(Third Party/Complete)	Insurance Renewal Date	
Boat Operating License Renewal Date			

Boat Information – Boat 2

Boat Operating No	Boat Sail No.	Boat Name	Boat Type (June/ Sailing Yacht/ Cruiser)
Boat Size	Insurance*(Third Party/complete)	Insurance Renewal Date	
Boat Operating License Renewal Date			

Other Information.

Interested	Dinghy ()	Billiards ()	Squash ()	Gym ()	Diving ()
	Sailing ()	Windsurfing ()	Swimming ()	Other	

Spouse/Partner Details

Family name *(Dr/Mr/Mrs/Ms/Miss/Prof)	Given names:	Gender *M /F
HKID No. / Passport No (please select) - Identity No	Nationality	
Date of Birth	Place of Birth	
Profession or Occupation	Industry	
Office Telephone No	Office Fax No	
Mobile No 1	Mobile No 2	Mobile No 3
Business Email Address	Personal Email Address	
Employer's Name		
Business Correspondence Address		

If your Spouse has any of the following qualifications please tick the appropriate box and complete the details below

Sailing Level Certificates	Yes () Level	Other			
Keel Boat License	Yes () Level				
Masters Certificate	Yes () Level	Expiry Date	Engineers Certificate	Yes () Level	Expiry Date
Diving Certificate	Yes () Level	Expiry Date			
First Aid Certificate	Yes () Level	Expiry Date			
Like to receive Sailing Information E /Mail		Business ()	Personal ()	No ()	
Like to receive E-letters		Business ()	Personal ()	No ()	

Children Details aged - Child 1

Name of child under 21 (M/F)*	Date of Birth	Signing Rights 12-20	Yes ()	No ()
Nationality	Place of Birth	School		
Mobile no	Email Address			
Sailing Level Certificates	Yes () Level	Other		
Keel Boat License	Yes () Level			
Diving Certificate	Yes () Level	Expiry Date		
First Aid Certificate	Yes () Level	Expiry Date		

Children Details aged - Child 2

(If more than 2 children please attach a separate sheet with the details as below)

Name of child under 21 (M/F)*	Date of Birth	Signing Rights 12-20	Yes ()	No ()
Nationality	Place of Birth	School		
Mobile no	Email Address			
Sailing Level Certificates	Yes () Level	Other		
Keel Boat License	Yes () Level			
Diving Certificate	Yes () Level	Expiry Date		
First Aid Certificate	Yes () Level	Expiry Date		
Approval for Dinghy Hiring	Yes () Level	Effective Date		

Please give your reasons for wishing to join the Club

I _____ wish to become an Aberdeen Boat Club member and in the event of my being elected, I agree to be bound by the rules of the Club.

Signature of applicant

Date

Signature of spouse

Date

Please enclose a copy of your ID cards with this application

This section to be completed by two sponsors who are Associate or Ordinary Members of the Club
(Debenture (Nominee) Subscribers and Spouse Member unable to sponsor for new applicants)

We the undersigned, are (1) well acquainted with the applicant and believe him/her to be in every respect eligible to become an Aberdeen Boat Club member and (2) we declare that we have met the above applicant and have as far as possible satisfied ourselves that the above details are correct and in our opinion it is the applicant's bona fide intention to take part in the activities of the Club.

Proposer's name (block letters)

Account number

Address

Signature

Secunder's name (block letters)

Account number

Address

Signature

Do not complete this section now. You may be invited at a later date to meet members of the General Committee.

I certify that I have met the above applicant at the New Members' Evening.
(Three General Committee members' signatures required).

1. _____ Account number

2. _____ Account number

3. _____ Account number

Office use only

Signature verification

Register

ID attached

Waiting List

Acknowledgement

Aberdeen Boat Club Limited, 20 Shum Wan Road, Aberdeen, Hong Kong
Tel : 2553 3032 Fax : 2873 2945