

Date Received	
Serial Number	

## ABERDEEN BOAT CLUB LIMITED

20 Shum Wan Road, Aberdeen, Hong Kong

## **Change of subscribers**

<b>DEBENTURE SUBSCRIBER (Me</b>	mbership No:)			
NOMINEE SUBSCRIBER (Memb	oership No:)			
WEEKDAY DEBENTURE SUBSO	CRIBER (Membership No: _	)		
Personal Details				
Family name *(Dr/Mr/Mrs/Ms/Miss/Prof)	Given names:		Gender *N	√1 /F
HKID No. / Passport No (please select) - Ido	entity No .	Nationality		
Date of Birth		Place of Birth		
Date of Birth		riace of Birtii		
Home E-Mail	Home No	Mobile No		
Residential Address				
residential / radiess				
Company Name				
C T'II	D.C.; O;	т	1	
Company Title	Profession or Occupation	Inc	dustry	
Company Telephone No				
Company E-Mail				
Company E-Man				
Company Address				
Member of any other clubs in HK?				
Like to receive Sailing Information / E-mail	Business ( )	Personal ( )	No ( )	
Classic Element	D	D	N. ( )	
Like to receive E-letters	Business ( )	Personal ( )	No ( )	
Like to receive E-Statement	Yes ( )			
Like to receive Horizons Format	F-Horizons ( ) Har	d Copy Horizons (Ru	Please select	.)

<u>If you have any of the follow</u>	ving qualifications plea	ase tick the a	ppropriate box a	ina complete the ac	etails below
Sailing Level Certificates	Yes ( ) Level	1	Ot	ther	
Keel Boat License	Yes ( ) Level				
Masters Certificate Yes (	) Level Expiry Date	Engi	neers Certificate	Yes ( ) Level	Expiry Date
Boat Information – Boat	<u>1</u>				
Boat Operating No Cruiser)	Boat Sail No.	Boat Name		Boat Type (Junk/	Sailing Yacht/
Boat Size	Insurance *(Third Part	ty/Complete)		Insurance Renewa	al Date
Boat Operating License Rene	ewal Date				
Boat Information – Boat	<u>2</u>				
Boat Operating No Cruiser)	Boat Sail No.	Boat Name		Boat Type (June/ Sa	niling Yacht/
Boat Size	Insurance*(Third Party	y/complete)		Insurance Renewal	Date
Boat Operating License Rene	ewal Date				
Other Information.					
Interested Dinghy ( )	Billiards (	)	Squash ( )	Gym ( )	Diving ( )
Sailing ( )	Windsurfin	ng()	Swimming ( )	Other	
Spouse/Partner Details *A Marriage Certificate	is required as part of	f the applica	tion process*		
Family name *(Dr/Mr/Mrs/N	Is/Miss/Prof)	(	Given names:		Gender *M /F
HKID No. / Passport No (plo	ease select) - Identity N	lo	N	ationality	
Date of Birth		Place of	Birth		
Office Telephone No		Mobile	No		
Business Email Address		Personal	Email Address		
Employer's Name					
Business Correspondence Ad	ldress				
Profession or Occupation		Industry			

If your Spouse has any of the following	g qualifications, please t	tick the appropriate box and	complete the details below
Sailing Level Certificates	Yes ( ) Level	Othe	r
Keel Boat License	Yes ( ) Level		
Masters Certificate Yes ( ) Level	Expiry Date	Engineers Certificate	Yes ( ) Level Expiry Date
Children Details aged - Child 1			
Name of child under 21 (M/F)*	Date of B	sirth Signin	g Rights 12-20 Yes ( ) No ( )
Nationality	Place of I	Birth School	
Mobile no	Email Ad	ldress	
Sailing Level Certificates	Yes ( ) Level	Other	:
Children Details aged - Child 2 (If more than 2 children please attach	a separate sheet with th	ne details as below)	
Name of child under 21 (M/F)*	Date of B	sirth Signin	g Rights 12-20 Yes ( ) No ( )
Nationality	Place of I	Birth School	
Mobile no	Email Ad	ldress	
Sailing Level Certificates	Yes ( ) Level	Other	
Please provide your rationale for y	our desire to become	a member of the Club	
I wish t agree to be bound by the rules of the		Boat Club member and in t	the event of my being elected, I
Signature of applicant		Date	
Signature of spouse		Date	

NB: The information provided by the applicant (and that of any family member) to Aberdeen Boat Club will be collected and used to process your membership application. Please be aware that we may occasionally use your email address or mobile number for direct marketing communication from Aberdeen Boat Club. All information collected in this form will be treated in strictest confidence and handled confidentially. Personal data will never be disclosed to a third party without your consent.

## Please enclose a copy of your ID cards with this filled application. You may receive an invitation later to meet members of the General Committee.

Office Use Only			
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 ☐ Waiting List	☐ Register ☐ Acknowledgem	☐ ID attached

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