OPTIMIST SAILING SOUTH AFRICA

2017 MEMBERSHIP FORM

Sailor Surname		*Date of Birth*	
Sailor First Name			
Parents Name			
Physical Address			
		Postal Code	
Postal Address			
		Postal Code	
Tel (Home)		*(Work)*	
Fax		*(Mobile)*	
Email			
Yacht Club		*Province*	

ALL SAILORS ENTERING SAS SANCTIONED REGATTAS MUST BE FULL PAID UP MEMBERS

Full Member	Subscription:	***R 375.00***
BOAT Measurement Certificate No.	*Sail. No.*	*SAS Number*

Please complete form and e-mail it with proof of payment to

Optimist Sailing SA treasurer – Paul Tyler paul@rmsshopfitting.co.za

Optimist Sailing SA secretary - Shellee Nel Shellee@sailingcentre.co.za

Account Holder	*Optimist Class Racing Association South Africa*
Bank	*Standard Bank*
Branch Code	*025109 - Claremont*
Account Number	*07 253 422 2*
Account Type	*Current*

Please use child's name, surname and province as reference in payment