

GOZO SAILING CLUB

Membership No:

Membership Form

Name		
Gender	Male/Female	
Date of Birth		
I.D./Passport Number		
Address	<hr/> <hr/> <hr/>	
Telephone number		
e-mail address		
Occupation		
Signature		Name of Proposer
Date		Signature of Proposer

GOZO SAILING CLUB

Membership No:

Received from _____ the sum of Lm _____
being Membership Fee for year 2002.

Date: _____

f/Gozo Sailing Club