



Queen's Award for  
Voluntary Service

# SAILING FOR THE DISABLED



Manx Charity 325

## APPLICATION FOR MEMBERSHIP

### PERSONAL DETAILS (Please complete in block capitals)

<b>Title</b> (Mr/Mrs/Ms/Miss/Other)		<b>Surname:</b>	
<b>First Names:</b>		<b>Date of birth:</b>	
<b>Address:</b>			
			<b>Postcode:</b>
<b>Home Telephone No:</b>		<b>Mobile Phone No:</b>	
<b>Business Phone:</b>		<b>e-mail address:</b>	
<b>Type of Membership Required</b>	<b>Full*</b>	<b>Junior*</b>	<b>Non Sailing*</b>
Do you have any sailing experience? If yes, please give full details (use separate sheet if necessary)			<b>Yes/No</b>

\*Please delete as applicable/continue on separate sheet if necessary

### EMERGENCY/SHORE CONTACT DETAILS

<b>Next of kin/shore contact</b>		<b>Relationship to you</b>	
<b>Home Telephone</b>		<b>Mobile No.</b>	

### DETAILS OF PHYSICAL STATUS

Are you (a) Fully mobile?	Yes/No
(b) Wheelchair user but able to walk a short distance?	Yes/No
(c) Mobile only in wheelchair?	Yes/No
Do you have any balance impairment? If yes, please give details	Yes/No
Do you have visual impairment or hearing loss? If yes, please give details	Yes/No

### MEDICAL DISCLOSURE

Please give details of any illness (e.g. Epilepsy) and any regular medication you take.					
Are you self medicating?	Yes	No	Do you suffer from seasickness?	Yes	No

### WHAT ACTIVITIES WOULD YOU ENJOY? (Please tick all that apply)

Short Sails 2-4 hours		Day Sails 6-9 hours		Weekend sails		Longer sails	
Administration		Fundraising		Social Activities			

