



THE BERMUDA SAILORS` HOME

(Registered Charity 151)

22 Richmond Road, Pembroke HM 08, Bermuda

P.O. Box HM CX

Telephone: (441) 295 5598

Fax: (441) 292 1519

bermudasailorshome@gmail.com

PROPOSAL FORM

We, the Proposer, Membership #

and the Seconder, Membership #

have each known («the candidate»)

since and respectively

and that we do hereby declare that to the best of our knowledge and belief, the information given by the candidate on this application form is true and correct and we consider the candidate is a person of good reputation and well fitted to be a Member of this Club.

Signed by: the Proposer Date:

Signed by: the Seconder Date:

In order for this application to be processed in a timely manner the Proposer and the Seconder must be Members in good standing and fully paid up for the current year.



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APPLICATION FOR MEMBERSHIP

**Dues must be handed in to the Office or Bar if closed and a receipt will be issued
Please fill out in block letters**

Surname:

Name: Middle initial:

Family Membership

Name of Spouse:

Name of children:

Full Mailing Address:

P. O. Box (Include Postal Code):

Home Address:
(if different from above)

Telephone Home: Work: Cell:

Email:

Profession or Occupation:

Name of Employer:

Date of Commencement of employment with above (if applicable):

Nationality: Date/Place of Birth:

Names of any clubs of which you are or have been a Member:

.....

Previous Service, if any, in Merchant Navy or Armed Services:

I hereby declare that the above is true and correct and that if accepted I agree to abide by the
Constitution and Bye-laws of the Bermuda Sailors` Home.

Signed: Date: