



## **THE BERMUDA SAILORS' HOME**

(Registered Charity 151)

22 Richmond Road, Pembroke HM08, Bermuda

P.O. Box HM 619, Hamilton HM CX

Telephone: (441) 295 5598

bermudasailorshome@gmail.com

### **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:



## **THE BERMUDA SAILORS' HOME**

(Registered Charity 151)

22 Richmond Road, Pembroke HM08, Bermuda

P.O. Box HM 619, Hamilton HM CX

Telephone: (441) 295 5598

bermudasailorshome@gmail.com

### **PROPOSAL FORM**

We,  the Proposer, Membership #

and  the Second, 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 Second      Date:

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