AMROTH SLIPWAY ASSOCIATION

Application for membership or renewal thereof

NAME: _____

ADDRESS: _____

_____

TELEPHONE: _____

BOAT MAKE: _____

TYPE: _____ ENGINE HP: _____

INSURERS:

BOAT: _____

LAUNCHING VEHICLE: _____

DECLARATION & DISCLAIMER:

I apply for annual membership of the Amroth Slipway Association and agree to abide by the rules and constitution of the Association which I have read and understand.

I hereby acknowledge and accept that neither the Association nor it's officers/committee are responsible for maintenance of the slipway or for any accident or mishap occurring thereon or in connection with the use of watercraft by members.

Enclosed are copies of the motor insurance certificate in respect of the launching vehicle and policy schedule for the craft.

A cheque is enclosed in respect of annual membership.

Signed: _____

Dated: _____

Please return to:

Amroth Slipway Association
c/o Old Oak Insurance Brokers
49/51 Lammas Street
Carmarthen
SA31 3AL