



# LYSANDER OWNERS ASSOCIATION

## APPLICATION FOR MEMBERSHIP

### TO THE COMMITTEE OF THE LYSANDER OWNERS ASSOCIATION

I (Full Name) Mr./Mrs./Miss  
Address  
County  
Post Code  
Tel No  
E-mail


Wish to be nominated for membership of the Lysander Owners Association

NAME OF BOAT  
LENGTH OF BOAT  
SAIL NO  
RIG  
SIGNED  
DATE


Application must be accompanied with the subscription fee as shown on the web site.

Cheques to be made payable to the Lysander Owners Association and crossed.

By Bank Transfer to Sort Code 77-58-09

Account Number 24844768 and use your name as the reference.

(Subscriptions half rate from 31<sup>st</sup> October until 31<sup>st</sup> December)

Application form and remittance should be sent to:-

Mr. Adrian Hyde Kirkstall, Highcliffe Road, Christchurch BH23 4HZ, England Tel 01425 272714
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