نادي أم القيوين البحري Umm Al Quwain Marine Club



MEMBERSHIP APPLICATION FORM

Family Name:					
First Name:	Date of Bi	Date of Birth:			
Nationality:	Passport	Passport No:			
Telephone Home:	Mobile:				
Email:	Occupatio	Occupation:			
Employment Company:	Telephon	Telephone:			
Type of Membership: Single		Family			
Family Member Names		Date of Birth		Relation	
1.		Date of Birth		Relation	
2.					
3.					
4.					
5.					
6.					
7.					
Type of vessel e.g. skiing, fishing, sailing or ot	her:				
Boat Length(s):	Wet Berthing Dry Berthin			ing	
Boat Registration No.	Car Regist	tration No:			
Signature: Dated:					
Completion of the Membership Application Umm Al Quwain Marine Club is an automatic		-	_	or renewal of membership for	
	For Of	fficial Use			
Date Joining:	Members	hip No:			
Berthing Type:	Bay No:	Bay No:			
Manager's Approval:	Dated:				
P.O. Box: 624, Umm Al Quwain, U.A.E. Tel.: 06 - 7666644, Fax: 06 - 7665446				تليفون : ٧٦٦٦٦٤٤ - ١٠٠، فاكس : ٧٦٦٥٤٤٦ ص.ب: ٢٢٤، ام القيوين – الامارات العربية الم	

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