

## SARATOGA SAILING CLUB Inc. Willaroo Road, Saratoga ABN 77 575660740

PO Box 6292, KINCUMBER NSW 2251

# MEMBERSHIP & OTHER FEES FOR 2017/2018 SAILING SEASON

# ALL FEES PAYABLE BY 31ST OCTOBER 2017

Please complete all required sections and enclose your payment to the Treasurer. All fees include GST.

Membership Type (Please tick)							
Senior Sailor 🛛		Junior Sailor		Family Please complete details on back of form		Associate  Non sailing	
Name(s):		Back of form			onn		
Address:							
Telephone:H	e:H Mob		e-n	e-mail:			
		ans of communication he club are current.	for clu	ub notices and m	ninutes. It is	your re	esponsibility to
Club Membership Fees				Unit Price	Qty Re	q'd	Amount Payable
Junior Sailing: (	Under 18	8 years)		\$40.00			
Senior Sailing:				\$80.00			
Family Sailing				\$160.00			
Non Sailing & Associate			\$10.00				
			φ10.00				
Race Fees (all sailors)			Unit Price	Qty Re	q'd	Amount Payable	
All other Classes				\$60.00			
Casual Race Fees – per boat				\$10.00			
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Boat Storage Fees (Per Boat)				Unit Price	Qty Re	q'a	Amount Payable
All Classes under 5 m: All Classes on road trailer (or over 5 m) :				\$100.00 \$150.00			
All Classes on h	oau trail	er (or over 5 m).		\$150.00			
Trophy Donation				Amou	nt	Amount Payable	
	•			Yes / No	7		
Total Amount Due:						\$	

## It is mandatory that <u>ALL</u> sailing craft are insured. Please provide here evidence and details of a current Insurance Policy:

Company:....

Policy No:.....Expiry Date:....

(Note: please refer to the additional notes and conditions on the back of this form)

#### To be completed by the Parent or Guardian of a Junior Member(s)

I, ....., am the parent or guardian of the above applicant and declare that they are able to swim at least 50 meters unassisted, and are capable of taking care of themselves ashore and in the water under normal circumstances. I understand that they must wear approved buoyancy jacket and I accept full responsibility for their safety whilst undertaking Club activities. I acknowledge the content of the notes below. This application is made with my full knowledge and consent.

### Signature: Date

Date: .....

## Junior Sailor & family Membership

Junior Sailors Name	Age	Age Birth Date	

# Adult Names For family memberships please complete this section for adults and the previous section for any junior sailors.

#### Notes:

- 1. All those taking part at Saratoga Sailing Club, do so at their own risk and responsibility. Saratoga Sailing Club Inc. or their officers are not responsible for any damage or injury either ashore or afloat, or for the seaworthiness of a boat sailing.
- 2. Boats stored in club sheds are NOT covered by club insurance.
- 3. Boat storage is only available to Active racing boats and owned by a financial member of the club. The club is not responsible for any loss or damage to stored boats.
- 4. The committee must approve all new membership applications before membership is granted.

Signature of applicant	
Signature:	Date:

Payment may be made by direct deposit to: Saratoga Sailing Club.

Account 0915611 BSB 062-544 (Commonwealth Bank)

Office Use Only	Received By:	Receipt #:	Date: