



**MEMBERSHIP &  
OTHER FEES FOR**

**SARATOGA SAILING CLUB Inc.**  
 Willaroo Road, Saratoga  
 ABN 77 575660740  
**PO Box 6292, KINCUMBER NSW 2251**

**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 <input type="checkbox"/>	Junior Sailor <input type="checkbox"/> <small>Please complete details on back of form</small>	Family <input type="checkbox"/> <small>Please complete details on back of form</small>	Associate <input type="checkbox"/> <small>Non sailing</small>
Name(s):			
Address:			
Telephone:H	Mob	e-mail:	
E-mail is our preferred means of communication for club notices and minutes. It is your responsibility to ensure all details held by the club are current.			
Club Membership Fees	Unit Price	Qty Req'd	Amount Payable
Junior Sailing: (Under 18 years)	\$40.00		
Senior Sailing:	\$80.00		
Family Sailing	\$160.00		
Non Sailing & Associate	\$10.00		
Race Fees (all sailors)	Unit Price	Qty Req'd	Amount Payable
All other Classes	\$60.00		
Casual Race Fees – per boat	\$10.00		
Boat Storage Fees (Per Boat)	Unit Price	Qty Req'd	Amount Payable
All Classes under 5 m:	\$100.00		
All Classes on road trailer (or over 5 m) :	\$150.00		
Trophy Donation	Amount		Amount Payable
	Yes / No		
<b>Total Amount Due:</b>			<b>\$</b>

**It is mandatory that ALL sailing craft are insured.**  
**Please provide here evidence and details of a current Insurance Policy:**

**Company:.....**

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: .....

**Junior Sailor & family Membership**

Junior Sailors Name	Age	Birth Date	

**Family Membership**

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:
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