

Membership Number _____	FOR OFFICE USE	Date received: _____ Total paid: £ _____ Received by: _____	Cheque / Cash Receipt No. _____
-------------------------	-----------------------	---	------------------------------------



RUTLAND SAILABILITY

Application for Membership- Year **2018**

PLEASE COMPLETE ALL SECTIONS 1 TO 8

SECTION 1 – PERSONAL DETAILS

Title _____ Surname _____ Initials _____ Preferred First Name _____

Address _____

Post Code _____

Date of Birth _____ Tel. No _____ Mobile No. _____

Email Address _____

(Junior Members must be accompanied by a parent or guardian at all times)

SECTION 2 – EMERGENCY INFORMATION

2a. Do you have a disability **YES** (___) **NO** (___) If **YES** please give details _____

2b. Do we need to know of any **MEDICATION** you are using? **YES** (___) **NO** (___)

If **YES**, please list here _____

Do we need to know of any **ALLERGY** you may have? **YES** (___) **NO** (___)

If **YES**, please list here _____

2c. **Physical / medical / behavioural issues – please advise information for your own safety and that of our volunteers**

2d. **ONLY IF APPLICABLE**, please tick, I agree to sail with a carer. **YES** (___) or **NO** (___)

2e. Your Next of Kin/Emergency Contact _____

Emergency Contact Tel No _____

SECTION 3 – MEMBERSHIP FEE (Please tick relevant category)

3a. Sailing Member **£50** (___) Non Sailing Member **£20** (___)

Full Member of RSC **£20** (___) **Rutland Sailing Club Membership No** _____ **Dated** _____

Junior Member (under 17) **£20** (___) Family Membership **£100** (___)

I wish to make a donation to Rutland Sailability of £ _____

3b. I require a badge for my carer **YES** (___) **NO** (___) Carer's name _____

SECTION 4 - GIFT AID DECLARATION

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on **all** my donations it is my responsibility to pay any difference.

If you wish Rutland Sailability to claim the tax please complete the declaration below in BLOCK CAPITALS:

TITLE _____ FIRST NAME or INITIAL(s) _____ SURNAME _____

FULL HOME ADDRESS _____

Please inform the Membership Secretary if you wish to a). Cancel this declaration b). Change your name or home address or c). You no longer pay sufficient tax on your income

If you pay Income Tax at the higher rate or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

SECTION 5 - SAILING EXPERIENCE / RYA QUALIFICATIONS

If you have sailing experience but have not yet completed a SKILLS / QUALIFICATIONS FORM please request a copy from Reception. If you have already completed a form there is **NO** need to complete another one.

SECTION 6 - PHOTOGRAPHY

Rutland Sailability occasionally uses photographs taken at the Club for publicity purposes. We will always try to make members aware that photographs are being taken, however, sometimes this may not be possible. Please indicate whether you agree that photographs, including your identifiable image, be included in Club publicity:

I AGREE (____) I DO NOT AGREE (____)

SECTION 7 - DECLARATION

It is your responsibility to notify the Trustees in writing of any relevant changes to the above information. Your signature is your agreement to abide by the rules and constitution of both Rutland Sailability and Rutland Sailing Club Ltd

Signature: _____ (Parent or Guardian if Junior Member) Date: _____

SECTION 8 – TRUSTEES INFORMAL MEETING (not required for renewals)

We have met the above named applicant and approve the application for membership

TRUSTEE _____ Responsible Member _____ Date _____

Data Protection Act 1998

In accordance with the Data Protection Act, the completion of this form is your agreement for the details to be held on a computer database. This information will be kept confidential and used only by Rutland Sailing Club & Rutland Sailability.