



CRB FORM NUMBER



RUTLAND SAILABILITY

Application to the Trustees for Membership - Year 2012

Title.....Surname.....Initials.....Preferred First Name.....

Address.....

.....Post Code.....

Date of Birth.....Tel.No.....E-Mail Add.....

Membership Fee: Sailing Member **£46(...)** Non Sailing Member **£16 (...)** Full Member of RSC **£15 (...)**
Junior Member under 17 **£15 (...)** Family Membership **£92 (...)**
Junior members must be accompanied by a parent or guardian at all times

Please provide the following information, which, should there be an emergency, can be useful to anyone coming to your assistance:

Please give details of your disability.....

Your Next of Kin or Contact Name.....Emergency Tel.No.....

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.....

Please note that it is your responsibility to notify the Trustees in writing of any relevant changes in the above

Signature.....(Parent or Guardian if Junior Member) Date.....

Your signature is your agreement to abide by the rules and constitution of both Rutland Sailability and Rutland Sailing Club Ltd. as well as your wish to become a Rutland Sailability Member.

Application for Membership requires a proposer who is a Member of Rutland Sailability before consideration by the Trustees.

I wish to propose that the above person be considered for membership of Rutland Sailability

Name.....Signature.....Date.....

Trustees Informal Meeting

We met.....and approve/are unable to approve, the application for membership

Trustee.....Trustee.....Date.....

Gift Aid

If you are a UK taxpayer, any recorded payment for subscriptions to Rutland Sailability may be used by RS to reclaim tax. If you wish RS to claim the tax please complete the details below in BLOCK CAPITALS and sign it. This form automatically ceases to be effective if you do not renew your membership. Please inform the Membership Secretary if in future you no longer pay tax.

SURNAME.....

FORENAMES.....

ADDRESS.....

I declare that I am a UK taxpayer and wish Rutland Sailability to treat any subscription I pay as a Gift Aid donation.

SIGNATURE.....Date.....

Criminal Bureau

I understand that the Criminal Records Bureau will be requested to disclose any information they may have on me and I agree that this should take place.
I understand that the information received by Rutland Sailability may be disclosed, where strictly necessary, to regulatory body's and/or third parties that have an interest in vulnerable adult/child protection issues.

SIGNATURE.....Date.....

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, but sometimes this may not be possible. Please indicate whether you agree that photographs including your identifiable image can be included in club publicity:
I AGREE (....) I DO NOT AGREE (....)

SIGNATUREDate.....

Sailing Experience/RYA Qualifications

Please give details of Sailing Experience/any RYA Qualifications or other relevant skills (RYA Instructor/Ass.Instructor/First Aid./Safety Boat/Tractor/Buggy Driver etc.)

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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

AFSN 1/1/12