



Membership Number



# RUTLAND SAILABILITY

## Application for Renewal of Membership - Year 2012

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

Address.....

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

Date of Birth.....Tel.No.....Email Add.....

**Membership Fee** : Sailing Member **£46**(....) Non Sailing Member **£16** (....)Full Member of RSC**£15**(..)

Junior Member under 17 **£15** (....) Family Membership **£92** (....) Voluntary Donation (£...) Total (....)

**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:**

Details of any disability you may have.....

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

Do we need to know of any medication you are using? **YES** (....) **NO**(....)

If YES, please list here.....

Are there any medications to which you have an allergy? **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**

**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** (....)

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

**Your signature is your agreement to abide by the rules and constitution of both Rutland Sailability and Rutland Sailing Club Ltd.**

**PTO**

## Gift Aid

If you are a UK tax payer, 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 tax payer and wish Rutland Sailability to treat any subscription I pay as a Gift Aid donation.**

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

## *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

*Registered Office: Rutland Sailability, Rutland Sailing Club, Gibbet Lane, Edith Weston, Oakham, Rutland. LE15 8HJ  
Registered Charity Number 1069540 Company Limited by Guarantee Number 3526980 Registered in England*