



Killaloe Sailing Club



KSC MEMBERSHIP APPLICATION FORM 2021

By Ticking this Box I/We _____ agree to allow KSC to store my details. To allow contact for club activities, KSC agree to follow the GDPR Guidelines as outlined on their website.

NAME(s): _____

ADDRESS: _____

County: _____

EIRCODE: _____

TELEPHONE: _____

E-MAIL: _____

Membership Fees due: € _____

Membership Secretary: **Pat Culloo**
Dromohor House
Pallaskenry
Co. Limerick V94 KO6R

For Bank Transfer Information, Please Email:
join@killaloesailingclub.com

Fill in the form, sign and return to above e-mail, alternatively Print & Sign, Post/Scan and send to above postal or email addresses

Payment Method

Bank Transfer:

ClubZap:

Type of membership: Single Family **MEMBERSHIP AND RATES (Reviewed Annually)**

Joining fee new members only, Club boats fee only if no personal boat, Boat Parking 50 for first boat, 25 Euro for Each Additional, Development Levy Optional for New Members

Category	Membership	Joining Fee	Club Boats	Boat Parking	0	1	2	3	4	Development Levy	Total
Family Membership	<input type="checkbox"/> €157.50	<input type="checkbox"/> €100	<input type="checkbox"/> €60	Qty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	€60	
Single Membership	<input type="checkbox"/> €105	<input type="checkbox"/> €100	<input type="checkbox"/> €60	Qty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		€40	

Junior Family members

Parents Contact No: _____

Name: _____ DOB:

Name: _____ DOB:

Name: _____ DOB:

Name: _____ DOB:

Are you a Boat owner: Yes: No: Type of Boat(s): _____

Boat Sticker No(s): _____ Sail Number(s): _____

Boat Insurance

I, the undersigned, declare that any boat owned or provided by me while parked or involved in any sailing activities at Killaloe Sailing Club Ltd has all appropriate insurance cover including, but not limited to, racing risk insurance cover, public liability and Third Party Indemnity of not less than €3,000,000.

Boat Owner Signature: _____ **Date:** _____

(Where the boat is owned by persons other than this member, the owners signature is required. Parents signature is required if the owner is a Junior member). Please complete your insurance details below.

Insurer: _____ **Policy No.:** _____ **Expiry Date:** _____

Indemnity

I, the undersigned, hereby acknowledge and agree that participating in sailing and related activities at Killaloe Sailing Club Ltd has inherent risk, including risk of personal injury or loss of life. I understand these risks and hereby indemnify Killaloe Sailing Club Ltd, The company, its directors, officers, committee and volunteers from any and all liability or loss. I confirm that I have read and understood the club safety statement and standing orders governing the operation of the Club.

Members Signature: _____ **Date:** _____

(Please discuss any Safety concerns you have with The Club Safety Officer or any committee Member.)

Membership Proposed by:

Proposer: _____ Seconder: _____

If you or any family who are members of KSC have a medical condition the club should be aware of please give details on the medical report form on the club website.

Are you willing to help with safety cover and assist with club activities and maintenance. Yes No

Membership renewals can only be accepted when the Indemnity declaration is signed by the member. In the case of boat owners the Boat Insurance declaration must also be signed.