

Port River Sailing Club, Inc

PORT RIVER SAILING CLUB Inc.

MEMBERSHIP APPLICATION or RENEWAL 2024-2025

Name in full:*

Postal Address:..... *Post Code

Email Address:.....* (To receive Club notices electronically)

Telephone: (Mobile).....* (Home).....

Occupation: Date of Birth.*

Emergency Contact Name:* Phone No:*

* Required Field

In applying for or renewing membership of the Port River Sailing Club Inc. ("the Club") the applicant agrees to abide by the Constitution and Rules of the Club. In particular, the applicant agrees to abide by the Racing Rules of Sailing (RRS) from World Sailing under the auspices of Australian Sailing as adopted by the Club and the PRSC SI's. All participants in races organised by the Club do so as their own risk and responsibility and any loss or damage sustained before, during or after the race organised by the Club is not the responsibility of the Club, its officers, employees or agents. Neither the Club, its officers, employees nor agents are responsible for the seaworthiness of a yacht whose entry is accepted or the sufficiency or adequacy of its equipment. The Club reserves the right to refuse an entry in any of its races.

The membership year runs from 1 July 2024 to 30 June 2025

PAID

Family (member, spouse & children under 18 years)	\$440.00	
Senior	\$315.00	
Associate (18 yrs and over who does not regularly race)	\$110.00	
Student (full time, 18 years or more) OR Junior under 18years	\$63.00	
Series Nomination	\$165.00	
Series Nomination Junior	\$82.50	
Internal Boat Storage (existing contracts)	\$443.00	
External Boat Storage (existing contracts)	\$180.00	
Key Deposit for Boat Shed Storage (key will be posted once fee is paid)	\$20.00	
Donations		
TOTAL PAID		

Port River Sailing Club depends on volunteers to keep fees low. If you are not able to contribute to working bees or other club activities, you may like to make a donation to the club in lieu of volunteer input.

Fees can be paid [EFT](#) - Port River Sailing Club Inc,

BSB NUMBER – 085-443

ACCOUNT NUMBER – 500798864

Reference Note-_____

Please use your Name to identify you.

**Membership form to the Treasurer please.
Emailed; portriversc@y7mail.com
Posted; PO Box 769, Port Adelaide. 5015
or in person at the club.**

Family Members

Please detail the names of all members and birth-dates of each child under 18 years..

(1).....(DOB).....* (2).....(DOB).....*
(3).....(DOB).....* (4).....(DOB).....*

Publicity Permission

I give permission for my above listed child/children to be photographed at the Port River Sailing Club.

Signed:

I give permission for my above listed child/children's photographs to be published on the Port River Sailing Club Web Site or Facebook.

Signed:

For new membership APPLICATION only:

Signed:..... Date

Parent/Guardian Signature: (Required if applicant is under 18 yrs)

Received by Treasurer

Receipt No

Date.