

Rathmullan Sailing and Watersports Club (RWSC) MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Address:

E-mail:

Telephone/Mobile:

Please note that the primary form of communication is through WhatsApp and e-mail.
Please ensure that you include a mobile number if you wish to be kept informed of events.

Family Members:
(If applying for family membership)
Please state age if under 18.

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Type of Membership: (Please tick)

Family €300.00	Adult: €200.00	Junior: €125.00	Kayak: €75.00	Keel-boat: €100.00	Rib Operator €75.00
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SIGNATURES

I hereby apply for membership and agree to abide by the rules of the Club as stated in the Club Constitution and the rules of the Irish Sailing Association. In becoming a member or renewing your membership of RSWC, you automatically become a member of Irish Sailing, the national governing body for Sailing, Windsurfing and Powerboating in Ireland. We will share certain information about you with them and the club committee including your name and email address, so they can include you on their monthly newsletter and validate discounted services you may wish to avail of (e.g. handicaps, sail numbers, ICCs, Commercial Endorsements, Certs of ID, level of sailing competency etc.)

- **N.B. Please tick to confirm you agree with above statement. Yes No**

Signature of Applicant:

Date:

Signature of Parent/Guardian for Junior Member:

Date:

Payment by bank transfer: AIB, 61 Upper Main Street, Letterkenny
Account Name - Rathmullan Sailing and Watersports Club
Sort Code: 93-73-47 BIC: AIBKIE2D Account No: 23610-004
IBAN - IE44 AIBK 9373 4723 6100 04 **Please include your family name as a reference on the transfer**
Address: RSWC Membership, 3 Fanad Way, Portsalon, Co. Donegal
Email: membership@rathmullansailingandwatersports.ie for any other details



2D24 CONSENT AND MEDICAL DECLARATION

This declaration form should be completed at the start of each sailing season with your membership form and sent by email to membership@rathmullansailingandwatersports.ie.

Should any changes occur during the season, the form should be re-submitted, noting any changes.

In the case of members who are aged under 18, the parent and/or guardian should sign on their behalf.

Member's Name:

Name of all members:

Name	Please state age if under 18	Consent for Photos to be taken Yes/No	Emergency Contact Name and Number	Do you suffer from any medical conditions which may affect your ability to participate in the activities of the Sailing Club? *	Do you suffer from any allergies?	Have you completed ISA Basic Skills (Level 2) or have similar competency? This is to ensure that members are competent to helm a boat alone? Yes/No

*A nominated committee member will contact you directly to determine the best course of action.