



South Florida Sailors and Boaters

www.SouthFloridaSailorsandBoaters.com

Membership Application

Members must be of good moral character. All membership is subject to annual approval by the Board of Directors. All members must agree to the Membership Agreement below and comply with all club by-laws.

PLEASE PRINT CLEARLY (Write name as you wish it to appear on name badge and in directory)

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____ DOB (Month & Day) ____ / ____

New Member \$125 ~ Prorated (See table) Single Home Phone _____
Renewal \$100 Married Cell Phone _____

In which committees will you be participating?

Education Boating Membership Communications Social

Boating Experience

Skill Level Novice Some Experience Intermediate Very Experienced
Years Sailing/Boating _____ USCG Captain's License Yes No

Boat Owners

Boat Name _____ Make _____ Length _____

Sail Power Home Port _____

How frequently do you use your boat Often Occasionally Rarely Never

Are you able and willing to take SFSB members on your boat Yes No

Insurance Company _____ Registration Number _____ Policy Number _____

Policy Dates Fm _____ To _____ Limit of Liability \$ _____ Limit Of Medical \$ _____

Notice All Boat owners **must** submit proof of insurance. Ask your insurance agent to send a "Certificate of Insurance" with a minimum of \$300,000 liability to: SFSB PO Box 4891, Ft Lauderdale, FL 33338

Membership Agreement

I confirm that my decision to join SFSB and to participate in any of its activities is voluntary. I understand that boating and other SFSB activities may require physical strength, balance and agility and may have risk. As a member, I agree to assume total responsibility for myself regarding and all such risks which may be involved with SFSB activities in which I participate, without regard to where these activities may take place. I further agree that I will not hold SFSB, its officers, directors or members liable for any injury, illness, loss, expense, or damage that I may incur in connection with my participation in any SFSB activity. I also agree that SFSB does not in any way warrant, represent, or assume responsibility for the skill and/or competency of the skippers/captains and/or crews in operating boats, whether in conjunction with SFSB activities or otherwise. I affirm that I meet the requirements for membership and am fully capable of participating in SFSB and its activities, and if a new member, am subject to a six month probationary period. I understand that use or possession of any illegal substance at or near any SFSB function is strictly forbidden. I agree to consent to the use of my name and/or image in any publication, videotape, Internet website or other media to promote the club and/or its activities.

Signature _____ Date ____ / ____ / ____

Mail application with check to: SFSB, PO Box 4891, Ft Lauderdale, FL 33338

This section for office use only

Date Rec. ____ / ____ / ____ Amount \$ _____ Cash Check # _____

Commodore Signature _____ Accepted Rejected Date ____ / ____ / ____ 3/17

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New Member Pro-rated Dues

<u>If you Join in:</u>	<u>Dues are:</u>
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May	\$125
June	\$125
July	\$125
August	\$115
September	\$105
October	\$95
November	\$85
December	\$75
January	\$65
February	\$55
March	\$45
April	\$35

SFSB Calendar year is from May - April.

All current members renew May 1st, at the renewal rate of \$100.