



Skidaway Island Boating Club
2017 Membership Application

To join, please tube or mail the completed form, with a \$75.00 check made out to "SIBC" to: **JAKE MASTER, 6 MOONGLADE LN, SAVANNAH, GA 31411.**

Please enter information for each family member.

Name #1 _____

Name #2 _____

Email _____

Email _____

Primary Phone _____ 2nd Phone _____

Primary Phone _____ 2nd Phone _____

Address _____

Participating Children (Under 21) _____

VOLUNTEER INTERESTS CIRCLE ANSWER

BOAT OWNERSHIP: CIRCLE ANSWER **Yes / No**

Events: Plan / Setup / Take Down _____

Power/Sail/Kayak/Canoe/Fishing/ _____

Teach Class? _____

Carefree / Rhodes I 9/ Other _____

Signage / Newsletter / Graphics / Writing / _____

Wet/ Rack/ Delegal/ Land.Harbor/ Other _____

Website / Publicity / Other _____

Experience: Lots/ Some/ None _____

Special Skills? _____

Boat Name _____

Suggestions:

IMPORTANT NOTICE:

BY SIGNING THIS APPLICATION, YOU ARE AGREEING EXPRESSLY AND WITHOUT RESERVATION TO BE BOUND BY THE TERMS AND CONDITIONS OF ARTICLE VII.B OF THE CLUB'S BY-LAWS. A COPY OF THE BY-LAWS IS AVAILABLE ON THE CLUB'S WEBSITE, SKIDAWAYISLANDBOATINGCLUB.ORG, AND WILL BE PROVIDED TO YOU ON WRITTEN REQUEST.

Family Member #1 _____

Family Member #2 _____

Signature Participating Children: 18 to 21yr _____

Date _____