



Skidaway Island Boating Club

To join, please tube or mail the completed form with a \$75.00 check (\$40 after July1) made out to “SIBC” to: John Gerardi, 4 Shagbark Lane, Savannah, GA 31411 or PayPal at skidawayislandboatingclub.org

Please enter information for each family member.

Name #1 _____ Name #2 _____

Email _____ Email _____

Phone ____ - ____ - _____ Phone ____ - ____ - _____

Address _____

Participating Children (Under 21) _____

VOLUNTEER INTERESTS CIRCLE ANSWER

BOAT OWNERSHIP: Yes / No

Events: Plan / Setup / Take Down

Power/Sail/Kayak/Canoe/Fishing

Signage / Newsletter / Graphics / Writing

Carefree / Rhodes19/ 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 _____