


Sarasota Sailing Squadron Membership Application Form

Effective 11/1/2015

*Name - Last			First	MI		
Spouse - Last			First	MI		
Children under 21, living at home					Boat Information	
*Address Line 1					*Will you Store a Boat at SSS? Y <input type="checkbox"/> N <input type="checkbox"/>	
Address Line 2					Name	
*City	*State	*Zip			Type	
*E-mail					LOA	
*E-mail (Verify)					Fl. Boat Reg. #	
Phone - Home		Business		Boat Ins. Carrier		
Cell #1		Cell #2		Boat Ins. Policy #		
Occupation			Space Assigned (Office Use)			
Age						
Months at Sarasota Address Jan <input type="checkbox"/> Feb <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>						*I agree to receive text messages for important SSS notices Y <input type="checkbox"/> N <input type="checkbox"/>
*Sarasota City Resident			Y <input type="checkbox"/>	N <input type="checkbox"/>	*Please check the areas in which you would be interested in volunteer support of club activities Social Events <input type="checkbox"/> Racing / Regatta <input type="checkbox"/> Education <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Grounds Maintenance / Clean up <input type="checkbox"/> Other _____	
*Today's Date			__/__/__			
*1st Year Membership Fee (see rate schedule)			\$			
*Other Services (consult the Office for assistance)			\$		How did you hear about us? Check all that apply Internet search <input type="checkbox"/> Friend or family <input type="checkbox"/> Raced or Cruised here <input type="checkbox"/> Drove by and noticed the facility <input type="checkbox"/> Local Media <input type="checkbox"/> Other <input type="checkbox"/>	
*Total Remitted			\$			
<p>If you wish to pay by check, make your check Payable to Sarasota Sailing Squadron, and bring or mail to:</p> <p>Sarasota Sailing Squadron 1717 Ken Thompson Parkway Sarasota, Florida 34236</p>  <p>If you wish to pay by Credit Card or need further information, please call the SSS office at Tel : 941-388-2355. Fax : 941-388-5524</p>						
<p>*I have read and agreed to the SSS Terms of Membership (below). By clicking on ACCEPT you are submitting this application for membership in the Sarasota Sailing Squadron. Please make sure you have completed all cells marked "*", required.</p> <p style="text-align: right;">ACCEPT <input type="checkbox"/></p>						
*Print Name			*Signature			

For Office use: Start date ___/___/___ Membership # _____ CC Type _____

Sarasota Sailing Squadron Terms of Membership

In consideration of membership approved by the Sarasota Sailing Squadron, Inc. (SSS), I agree to abide by the SSS By Laws and rules and regulations which are available upon request.

SSS facilities are to be used at my own risk. I acknowledge that participating in any SSS activity involves certain risks, and that injuries, death, property damage, or other harm could occur to me or others. I, for myself and my guests, invitees, and agents, hereby agree to release, indemnify, defend, and hold harmless SSS, the City of Sarasota, the SSS Board of Directors, the SSS Membership and its affiliates, employees, volunteers, officers, agents, insurers, successors and assigns (the "Released Parties") from: (I) any and all liability for loss or damage to my vessel(s), her gear, equipment and contents for any reason, including SSS equipment failure or negligence; (II) any and all loss, damage, liability, legal action or claim, of any nature, including attorney's fees and other litigation costs or expenses, arising from the use of vessel(s); and (III) any and all loss, damage, liability, legal action or claim of any nature, including attorney's fees and other litigation costs or expenses, arising out of use of SSS facilities, engaging in SSS activities, the presence of my vessel(s), vehicle(s) or personal property at the SSS facilities, or the moving of vessel(s) except to the extent that such loss is the result of SSS's gross negligence, willful or wanton misconduct. SSS disclaims all implied warranties, and I, for myself, and my heirs, successors, and assigns hereby release the Released Parties from any and all liability arising out of any claimed implied warranty. In the event of any damage or injury to SSS arising from the active or passive acts, omissions, or negligence of myself or my guests, invitees, or agents, I shall pay all expenses incurred by SSS, on SSS's demand.