

# LSSC NEW MEMBERSHIP APPLICATION 2025/26

**SAILING MEMBERSHIP\***

**FEEES**

**Amount Payable**

**1. Full Year membership discounted offer:**

Family membership. ....	£170.00	£.....
Single membership.....	£135.00	£.....
Cadet (age 14-17) or Student membership .....	£50.00	£.....

**NON SAILING MEMBERSHIP**

Non-Sailing family member.....	£75.00	£.....
--------------------------------	--------	--------

**BOAT HIRE**

Club Boat Hire .....	£160.00	£.....
(runs concurrently with the membership year)		

<b>2. Starter Membership (4 Month trial) offer.....</b>	<b>£80.00</b>	<b>£.....</b>
---	---------------	---------------

**Own Boat(s) Fees (cost to keep your boat in our compound)**

Class .....	Sail No. ....	£115.00	£ .....
Class .....	Sail No. ....	£115.00	£ .....

**TOTAL REMITTANCE**

£  
=====

Make cheques payable to: "LSSC" OR online using Sort code 40-27-06 Account No 52514028 AND include your name as the Reference.

**Select your duty preference.- Please note – it is a condition of membership that all members are expected to carry out duties**

Duty Preference	
Duty Offr	Galley

**Your Name - main member**.....

**Spouse/partner**(where applicable).....

**Your Address**.....

.....

..... **POST CODE** .....

**Tel No** ..... **Mobile**.....

**EMAIL** ..... **Date**.....

*\*Our membership year runs from 1 April 2025 to 31 March 2026. Fees are not pro-rated if joining part way through the year (excludes Starter Membership). New members joining in the last quarter (i.e. 1 January to 31 March) pay a full year's fee to include the following year (i.e. 15 months membership for 12 months fee).*

**THIS DECLARATION MUST BE SIGNED BY ALL MEMBERS (EXCEPT CHILDREN UNDER 14)**

I/We the undersigned:

Declare that I/we have read and fully understood the information leaflets “Weil’s Disease” and “Blue/Green Algae – The Facts”, and that in the event of any loss, damage, personal injury or death arising from contact with the water, I understand that Leamington Spa Sailing Club will not be liable for costs or damages because I have voluntarily accepted the risks associated with water contaminated by Weil’s disease or Blue-Green Algae,  
(Information leaflets are on display within the Clubhouse and available on request)

AND

I will ensure that my boat(s) are insured against third party risks (minimum £3,000,000) at all times when on Club premises,

AND

I will, before commencing sailing or other duties, inform the Duty Committee of **any medical condition** I have that could occur during my activities at the Club,

AND

I am aware of the Club’s Health & Safety Policy objectives. I understand that I have a duty to take care of the health & safety of myself and others affected by my actions when on Club premises,  
(A copy of the full Health & Safety Policy Statement is available on request)

AND

I agree to abide with the Byelaws of Leamington Spa Sailing Club.  
(A copy of the Byelaws is available for inspection in the Clubhouse).

AND

I have read the LSSC Data Protection and Privacy Statement (copy available on LSSC website) and agree for my data to be used for the purposes stated in the Statement.

**MEMBERS SIGNATURES (all members need to sign and date the form)**

NAME ..... SIGNATURE ..... DATE .....

NAME ..... SIGNATURE ..... DATE .....

**Cadet applicant** (14-17 years old inclusive) must also obtain the signature of their parent/guardian to the section below:

“I have read the above and agree to .....(insert name of cadet applicant) being bound by the Club’s byelaws and other rules.”

Signed..... Date..... (Parent or Guardian).

**CHILDREN UNDER 18 YEARS OLD**

NAME OF CHILD ..... D of Birth.....

NAME OF CHILD ..... D of Birth.....

***Membership Proposed by ..... Seconded by .....***