

SPEUTIE ISLAND BOATING ACTIVITY (SIBA)

PATRONAGE APPLICATION

NEW PATRON: Complete all four pages of application and provide supporting documentation: insurance, boat registration and eligibility card or letter. Include a stamped, self-addressed envelope to send you the **SIBA decals** and key.

PRESENT/RENEWING PATRON: Complete all four pages and return without supporting documentation (skip steps, 1, 2, and 3). ~~Include a stamped, self-addressed envelope~~ to send you the **SIBA decals** and key. **UPDATE phone numbers and e-mail address.**

1. **Insurance:** Provide a copy of your insurance papers that refers to **boat/watercraft**. The **SIBA SOP** requires only liability coverage. You must have insurance while associated with the **SIBA**.

2. **Boat registration:** Provide a copy of your boat registration card that shows ownership.

3. **Eligibility.** Provide a copy of your ID/letter showing your eligibility.

4. **Address and phone numbers:** Provide local home address, e-mail and telephone numbers. Telephone numbers (home and work) are required to be provides. Also, provide your e-mail address to send you the **SIBA Newsletter**. **If no e-mail, state NO E-Mail.** Please notify the SIBA if you change phone numbers and e-mail address.

MEMBERSHIP REQUIREMENT: A minimum of 8 work hours and at least two assigned security watches.

LATE FEE FOR PRESENT/RENEWING PATRON: You must renew your 'patronage no alter than 1 January 2002. This is a budget requirement. A late renewal fee will be charged, \$1 .00/foot, for anyone who was a patron in 2001.

Note: After completing the application, **PLEASE** be sure to sinn page 4 in both places.

FOR SIBA SECRETARY USE ONLY

PARKING LOT _____ DECAL# _____ ID CARD # _____

MOORING _____ DECAL# _____ DATE JOINED _____

Name (Last, First): _____ Rank/Title _____

Home Address: _____ Phone: H: _____

W: _____

Unit/Organization _____ E-Mail _____

Status/Eligibility (Check One): (see AR 215-2a, para 2.7 for eligibility)

Active Duty APG Retired US Military USAR/ARNG Full Time

DOD Civilian DOD Civilian (Retired) Multi-Year Contractor

Eligible Dependents: (spouse, children – give ages for children)

Name: _____ Relationship _____ Age _____

Boat: Sail Power Other

Length overall: (.5 ft or more – round up) _____ ft Draft: _____

Boat Name: _____ Hull # _____

Boat Registration # _____ Trailer License # _____ Yr _____

Dinghies Stored at SIBA Hull # _____

WE NEED HELP!

Do you have skills/tools/trades/administrative/available day time?

Fees: Fees must be paid for each boat used at SIBA. A portion of your fees will be used to provide lunches at the work session.

Moored \$11.00 X _____ feet = \$ _____

Parking \$8.00 X _____ feet = \$ _____

(Minimum cost of parking space based on a 15' boat)

Ramp Only \$7.50 X _____ feet = \$ _____

One-time Key Fee for **NEW PATRON** \$5.00 _____
(NON-REFUNDABLE)

Late Fees \$1.00 X _____ feet = \$ _____

Social Member: \$30.00 plus key fee of \$5.00 = \$ _____

TOTAL FEES: \$ _____

(Checks Payable to **IMWRF/SIBA #21**)

Half-season Rate: Half price on all fees except key fees. Patrons leaving on/before July 31, or patrons joining on/after August 1.

DON'T FORGET TO READ AND SIGN THE NEXT PAGE

THANK YOU

SUBMIT APPLICATIONS TO AND IF YOU HAVE QUESTIONS CALL:

**Mr. Jeff Lukas
2310 Sherwood Lane
Havre de Grace, MD 21078
410-272-0586**

The information provided on this application (both sides) is complete and accurate. I understand and agree to abide by the regulation that applies to each type of patronage, as specified in the SIBA guidelines and SOP. The information contained on this form may be used by the SIBA as required for the operation of the facility for mailings, and to contact me concerning the business of SIBA or safety of my boat or personal property.

I will participate in SIBA activities to include performing at least eight hours of work per calendar year, serving assigned watches, and attending formal work sessions. I understand that only authorized dependents, as listed above, are eligible to use SIBA facilities without my presence. All others will be accompanied by me as my guest as detailed in the SOP guidelines.

SIGNATURE: _____ DATE: _____
(Patron)

SIGNATURE: _____ DATE: _____
(Advisory Board Member)

STATEMENT OF RELEASE

I, the undersigned, understand that the SIBA indoor/outdoor boat storage facilities or moorings are provided as a convenience to eligible users. I further understand that boats and other personal property stored at the SIBA storage facilities are not covered by the Civilian and Military Personnel Claims Act (Title 31, US Code Sec 3721), and losses due to theft, vandalism, fire, flood, hurricane or other unusual occurrence during storage will not be considered incident to service. I further understand and agree that the US Government, the APG IMWRF, and the Spesutie Island Boating Activity will not compensate the owner for any loss or damage to boats and other personal property stored at the SIBA indoor/outdoor boat storage facilities or moorings. I acknowledge that I have been advised to obtain private insurance to cover any loss or damage that may occur while my property is in storage or on mooring. I further, intending to be legally bound, thereby waive, for myself, my heirs, executor, and administrations, any and all rights and claims for damages, demands, and other action whatsoever, which I may have against the US Government, the US Army, the Spesutie Island Boating Activity, and all individuals associated with planning, conducting, and supporting the SIBA indoor/outdoor storage or mooring. I furthermore verify that I have full knowledge of the hazards associated with indoor/outdoor boat storage or mooring, and I hereby, by my signature, acknowledge reading and understanding these clauses.

SIGNATURE: _____ DATE: _____

DATE REQUIRED BY THE PRIVACY ACT OF 1974 (U.S.C. 552a) Authority: 5 USC 301. Principle Purpose(s): To provide contact with members in case of emergency. Routine Uses: Used by boat activity personnel to contact patrons in case of fire or security reasons. Mandatory/Voluntary Disclosure: Voluntary - Failure to provide information could result in your application not being processed.