

SPESUTIE ISLAND BOATING ACTIVITY (SIBA)

PATRONAGE APPLICATION

2003 BOATING SEASON

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 with your application for your SIBA decals and key.

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

1. Insurance: Provide a copy of your insurance papers that refer 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. Personal Info: Provide local home address, e-mail and telephone numbers. Telephone numbers (home and work) are required to be provided. Also, provide your e-mail address so that we can send you the "SIBA Newsletter" and Watch List. 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 hours work and at least two assigned security watches are eligibility requirements of a "Renewing Patron".

LATE FEE FOR PRESENT/RENEWING PATRON: You must renew your patronage no later than 1 January 2003. This is a budget requirement. A late renewal fee will be charged, \$1.00/foot, for anyone who was a patron 2002.

NOTE: After completing the application, PLEASE be sure to sign page 4 in both places.

FOR SIBA SECRETARY USE ONLY

Decals # ____/____ **Assigned: Parking lot #** ____ **Mooring #** ____

Ramp only ____ **Date Joined** _____

Name (Last, First) _____ **Home Address:** _____

City/State _____ **Phones: Home #** _____

Work # _____ **Cell #** _____ **Beeper #** _____

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: (round up) _____ **Draft:** _____

Boat Name: _____ **Hull#** _____

Boat Registration #: _____ **Trailer License #** _____ **Yr** ____

Dinghies Stored at SIBA Hull #: _____

WE NEED HELP!

We exist on a Self Help basis! Do you have skills/tools/trades/admin/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 major work sessions (spring and fall). Select either: 1, 2, 3, 4 or 5.

#1. Mooring for boat and Parking Lot Space for trailer.. \$19.00 X ____ foot =\$ _____

#2. Mooring for boat only\$11.00 X ____ foot =\$ _____

#3. Parking Lot Space only.. \$ 8.00 X ____ foot =\$ _____
(Minimum cost of parking space based on a 15' boat)

#4. Ramp Access only.. \$ 7.50 X ____ foot = \$ _____

Late Fees\$ 1.00 X ____ foot = \$ _____

Include a One-time Key Fee (\$5.00) for a NEW PATRON \$ _____
(Non-Refundable)

#5. Social Membership only:....\$30.00 plus a key fee of \$5.00 = \$35.00 \$ _____

TOTAL FEES for the Boating Season is April thru Oct..... \$ _____

(Checks are to be payable to: **IMWRF/SIBA #21**)

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

SIBO has the authority to reassign and move boats and trailers to maximize space on SIBO proper.

DON'T FORGET TO READ AND SIGN NEXT PAGE

THANK YOU

**SUBMIT APPLICATIONS
IF YOU HAVE QUESTION 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 regulations 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 mailing, 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, attend formal work sessions, and serve assigned watches. 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)

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 mooring. 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 waives, 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 Use: Used by boat activity personnel to contact patron in case of fire or security reasons. Mandatory/Voluntary Disclosure: Voluntary – Failure to provide information could result in your application not being processed.