

Chatham Sailing Club

Membership Application

Member Contact Information

Name: _____ Spouse: _____
Address: _____
City, State, Zip: _____
Primary Phone: _____ Secondary Phone: _____
Email Address: _____

Boat Information

Make & Length: _____ Model: _____
Name: _____ Sail Number: _____
Location kept: _____

General Information

Sailing Interests: Racing Cruising Junior Sailing Youth Sailing Education
Membership Level: Full Full Family Associate Junior
Additional Donation: \$_____ Preferred use: Racing Cruising Facility Education

How you would like your name/contact info to appear in Membership Directory:

Example:

John & Mary Smith
johnsmith@yahoo.com
marysmith@yahoo.com
912-111-1111 (John)
912-111-1112 (Nancy)

I understand that I take full responsibility for my actions and the actions of my family and guests, and will not hold the Club, its officers, or members at fault in case of accident. I will abide by the by-laws, policies, rules, and regulations of the Chatham Sailing Club, Inc. I acknowledge that I will abide by the provisions of the Georgia Safe Boating Act.

Signature

Printed Name

Date

Signature

Printed Name

Date

Make check payable to: **Chatham Sailing Club**
Mail to: Julie Weaver
403 Winchester Drive
Wilmington Island, GA 31410

- Application & dues received _____
- Receipt given to member _____
- Member added to Membership Directory _____