

APPLICATION FOR MEMBERSHIP
CRYSTAL SAILING CLUB- WWW.SAILCSC.ORG

APPLICANT'S NAME _____ PHONE: () _____

ADDRESS: (Street & Number) _____

(City, State & Zip) _____

SPOUSE NAME: _____

CHILDREN (Up to 18) _____

STUDENTS (Up to 23) _____

I am the owner/co-owner of a _____ SAIL NUMBER: _____
(class/type of boat)

EMAIL Address _____

Please indicate the membership desired with an **X**.

PART I () I hereby apply for **ACTIVE MEMBERSHIP** in Crystal Sailing Club.

PART II () I hereby apply for **ASSOCIATE MEMBERSHIP** in Crystal Sailing Club.

PART III () I hereby apply for **YOUTH/STUDENT MEMBERSHIP** in Crystal Sailing Club.

PART IV () I hereby apply for **FRIENDS OF CRYSTAL SAILING CLUB**

PART V () I hereby apply for **JUNIOR MEMBERSHIP** in Crystal Sailing Club.

Age (on Memorial Day this year) _____. Parents statement: _____ (son/daughter/ward) has our approval to join the Crystal Sailing Club as a Junior Member and to participate in its races and other Junior Fleet activities.

PARENT'S SIGNATURE: _____

I understand that CSC Active Membership requires ownership of a working sailboat. Also as a condition of membership, if my sailboat is of a class recognized by the club, I will join and support the class organization and the C.S.C. fleet of that class.

APPLICANT'S SIGNATURE: _____ DATE: _____

THIS APPLICATION IS SPONSORED BY: _____
(C.S.C. member)