

The Chatham Sailing Club

Promoting Family Sailing in the Savannah Area

Home of the Savannah Cup Ocean Challenge Trophy

Membership Application

Member Information:

Name _____

Spouse _____

Children _____

Address _____

Phone (H,W,C) _____

Phone (H,W,C) _____

E-mail _____

Wedding anniversary _____

Family birthdays (day/month only)

Boat Information:

Make/Length _____

Model _____

Name _____

Sail Number _____

Kept Where? _____

I understand 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.

(Printed name)

(Signature)

(Date)

(Spouse's printed name)

(Spouse's signature)

(Date)

Make check payable to: Chatham Sailing Club

Mail application and \$150 dues to: ChathamSailing Club C/O

22 LansingAve

Savannah,Georgia 31406

Please mark areas of interest to you and your Family

Fleet Captain	
EVENT PLANNING	Racing
	Cruising
	Junior Sailing
	Youth Sailing
	Other (Please specify)
INSTRUCTING	
	Youth
	Junior
	Adult
Membership/Recruiting	
Website	
Marketing	
Newsletter	
Club Maintenance	
Other (Please specify)	
RACING	PHRF
	One Design (Specify Fleet)
	PRO
	Other
CRUISING	As crew with others
	My boat local only
	My boat long distance
Raft-Ups	
Junior Sailing (Ages 18-25)	
Youth Sailing (17 and younger)	
Sailing Education	