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 _____

Child(ren) _____

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)

Please mark areas of interest in the club for you and your family:

	EVENT PLANNING					INSTRUCTING							
Fleet Captain	Racing	Cruising	Junior Sailing	Youth Sailing	Other (please specify)	Youth	Junior	Adult	Membership/ Recruitment	Website and/or Marketing	Newsletter	Club Maintenance	Other (please specify)

Please mark areas of interest in boating/sailing for you and your family:

RACING				CRUISING						
PHRF	One-Design (Specify Fleet)	PRO	Other	As Crew with Others	My Own Boat- Local Only	My Own Boat- Long Distance	Raft-Ups	Junior Sailing (ages 18-25)	Youth Sailing (17 & younger)	Sailing Education

Make check payable to:
Chatham Sailing Club

Mail application and $100 dues to:
Chatham Sailing Club
17 Diana Drive
Savannah, Georgia 31406

For Office Use:
-- application and dues received ___
-- receipt given to member ___
-- member added to membership directory ___