

**CAPE CORAL SAILING CLUB**

**APPLICATION FOR MEMBERSHIP** *(please print)*

FOR CLUB USE:

Amount \_\_\_\_\_

Check No. \_\_\_\_\_

Date \_\_\_\_\_

**Applicant's**

**Name** \_\_\_\_\_ **Spouse** \_\_\_\_\_

**FL Address** \_\_\_\_\_

(street)

(city)

(state)

(zip)

**Boat**

**Name** \_\_\_\_\_ **Mfg** \_\_\_\_\_ **Type** \_\_\_\_\_

**LOA** \_\_\_\_\_ **LWL** \_\_\_\_\_ **DRAFT** \_\_\_\_\_ **BEAM** \_\_\_\_\_ **SAIL NO.** \_\_\_\_\_

Primary Club interests: Cruising \_\_\_\_\_ Social \_\_\_\_\_ Other (state) \_\_\_\_\_

If not cruising your boat, would you be interested in crewing on another?  
\_\_\_\_\_

Other Interests \_\_\_\_\_

Are you a present or former member or officer of any other sailing/yacht club?  
\_\_\_\_\_

Please check those committee(s) on which you would serve to help the Club continue its success:

Cruising \_\_\_\_\_ Social \_\_\_\_\_ Refreshment \_\_\_\_\_ Membership \_\_\_\_\_ Program \_\_\_\_\_

Publicity \_\_\_\_\_ Newsletter \_\_\_\_\_ Website \_\_\_\_\_ Other \_\_\_\_\_

Please enclose your check for a total of \$110 family or \$90 individual (a one-time initiation fee of \$30 and annual dues of \$80 - family or \$60 - individual). After July 1<sup>st</sup> dues are half of annual dues. Please enclose check for \$70.00 - family or \$60.00 – individual for half year. Mail to Cape Coral Sailing Club, 5308 SW 28<sup>rd</sup> Place, Cape Coral, Florida 33914.

**Applicant** \_\_\_\_\_ **Spouse** \_\_\_\_\_  
(signature) (signature)

**Sponsor** \_\_\_\_\_ **Sponsor** \_\_\_\_\_  
(print & signature) (print & signature)

Names preferred on name tags:

Please complete back of form also.

Board

Approval \_\_\_\_\_  
(signature & date)

E-mail address \_\_\_\_\_

Additional E-mail address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Permanent Florida Resident? \_\_\_\_\_ or Months Not in Florida \_\_\_\_\_

Away Address \_\_\_\_\_

Employed \_\_\_\_ Retired \_\_\_\_ Occupation (including former) \_\_\_\_\_

Month only of birthday(s) Indicate names \_\_\_\_\_

Month only of anniversary if applicable \_\_\_\_\_

In an emergency, please notify Name: \_\_\_\_\_ Phone: \_\_\_\_\_