



MEMBERSHIP FORM _____

NAME (#1): _____

NAME (#2 If household membership): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

E-MAIL (Include all in house-hold who want to receive communications.)

URL (If you have a website): _____

BOAT NAME: _____ MAKE & MODEL: _____

The Sandpoint Sailing Association only works with support and assistance from our members. What CLUB ACTIVITIES are you willing to assist with this year?

- Thursday Night Fun Races Saturday Timed Races Party Night Races and Setup J-24 Sunday Race Series
 PHRF Sunday Race Series Barbeques and Social Events Overnight Raft-up Activities
 Cruising Activities Youth and/or Adult Sailing Classes Other: _____

Do you want an actual membership card? Yes____ No____ How many? (If household membership): _____

Note: Since email is the only practical way of achieving the majority of day-to-day club correspondence, we encourage you to include any and all email addresses that you want notified of events, etc. There may be a few important communications through the year that will be done via postal mail but the majority will be electronic.

In consideration of participation in the Association's activities, I represent to its organizers, officers, directors, and other members, that I and my boat have liability insurance currently in effect, covering property damage, personal injury, and death; I acknowledge that the decision to enter my boat and participate is solely my own. I recognize and acknowledge that sailing presents special risks of loss of or damage to property, personal injury, or even death.

I hereby fully accept those risks and release, for my heirs and myself, the Sandpoint Sailing Association, its members, and volunteers, from all liability for any injury or property loss that may be suffered by me.

Signature _____

Date _____

HOUSEHOLD MEMBER FEE: \$80.00 PAID: _____

ADULT MEMBER FEE: \$55.00 PAID: _____

JUNIOR MEMBER (7 to 17) \$35.00 PAID: _____

Donation to Sandpoint Sailing Association Youth Sailing Program AMT: _____

Please Remit Payment to: Sandpoint Sailing Association, P.O. Box 1156, Sandpoint, Idaho 83864