



Sailing Singles Club of Southwest Florida

Application for Membership

Please complete the following application, both sides, and submit, along with your check, to the Membership Chairman. Your application will be reviewed by the Board of Directors at the next meeting and you will be notified of the outcome of the review.

Membership in Sailing Singles requires that you have the physical ability and sufficient education/experience to be an active sailor. Coast Guard, Power Squadron courses and/or club training will fulfill the education requirement. Additionally, to remain an active member, all members must participate in at least two club activities per year.

___ RENEWAL ___ NEW ___ YEAR

Name: _____ Address: _____

Birthday: _____ City, State, ZIP: _____

Home Phone: _____ Business phone: _____

Cell phone: _____ Pager: _____ E-mail: _____
(Circle any you don't want to appear on the club roster.)

Summer address: _____ Phone: _____

Sailing Courses/Experience: _____

I'm interested in: Sailing instruction _____ Extended Cruising _____ Daysails _____

Best times available to sail: Weekdays _____ Weekends _____ Anytime _____

Are you willing to volunteer for committees: YES _____ NO _____

Boat owner: YES _____ Name of boat: _____ Make: _____

Length: _____ Boat Cell phone: _____

My boat: WILL _____ WILL NOT _____ be available for club functions.

Do you have a name tag? _____ If not, how do you want your name to appear on the club name tag? _____

In case of emergency notify: Name: _____

Phone: _____

Please complete both pages of this form

**Sailing Singles Club of Southwest Florida
Fort Myers, Florida**

Release

In consideration of being permitted to participate in the Sailing Singles Club activities, I, as releaser, hereby affirm that my general health is good, and I assume fully all risks involved, whether on board, swimming or on shore participating in any Club activity. I will not hold Sailing Singles Club, its officers or members liable for any injury, illness or damage, including attorney's fees and court costs. I understand that I am not required to participate in any particular Club activity and that my choice to do so is voluntary. I further agree not to use or possess any illegal substance of any kind at or near any Club activity at any time.

Executed this _____ day of _____, _____ in the City of _____

County of _____, State of _____

Print Name: _____

Signature: _____

Witness: Print Name: _____

Signature: _____

Please return the completed application with a check in the amount of: \$_____ To:

Sailing Singles Club of Southwest Florida
C/O Evelyn Hoop
1209 SE 8th St. #110
Cape Coral, FL 33990

Or simply bring it to one of our meetings

Application Reviewed by the Board of Directors: _____ Date: _____

Approved Commodore: _____ Date: _____

Denied Commodore: _____ Date: _____

Reason for denial: _____

