



Application for Membership
Channel Islands Women's Sailing Association

New []

Renewal []

General Membership \$100 [] Associate Membership (24 yrs old or younger) \$50 [] Cruising Membership \$50 []

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ (Email is our primary form of communication. Please write clearly.)

Emergency Contact (Name, Phone) _____

Birthday: (Month and Day) _____

Boat Owner? Sail [] Power [] Do not own a boat []

If a boat owner, Make and "Name of Boat" _____

Harbor and Dock Location of your boat _____

Would you TAKE crew on YOUR boat? If yes, for: Day sailing/Cruising [] Racing []

Level of Sailing Experience – please check one:

- [] Novice (little, if any experience) [] Intermediate (some experience, mostly crew who takes directions)
[] Intermediate Adv. (crew member who leads/gives directions) [] Advanced (Skipper, knowledgeable in all aspects of sailing)
[] Expert (Skipper with many years of experience)

Are you interested in crewing on a boat? If yes, for: Day sailing/Cruising [] Racing []

What is your swimming ability? Cannot Swim [] Beginner [] Intermediate [] Advanced []

Please indicate your interest in serving in any of the following areas:

Table with 6 columns: Committee, Chairman, Volunteer, Committee, Chairman, Volunteer. Rows include Education, Day Sailing, Website, Hospitality, Membership, Communications, Scholarship, Fundraising.

Signature _____ Date _____

Make check payable to: Channel Islands Women's Sailing Association Send payment to: 3600 Harbor Blvd., PMB #268, Oxnard, CA 93035