

Membership Application

Cave Run Sailing Association

What is the purpose of this application?

- New Membership
 Renew Membership
 Update Your Data (New boat, phone, address, email, etc.)

Name _____ M F Email _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Spouse _____ M F Email _____

Phone (W) _____ Phone (C) _____

Address _____ City _____ State _____ Zip _____

Children living at home (address above) or who are students in college are included in family membership. Please list names & ages.

Reverse side: If this form was mailed to you for renewal of membership your current directory information is shown on the back side. Please update as needed.

Boat Information (If you have a boat or boats)

Manufacturer _____ Model _____ Boat Name _____

Sail Number _____ LOA _____ LWL _____ Beam _____ Sail sq. ft. _____

Registration State _____ Registration No. _____ USS Handicap Rating _____

Home Port _____

Second Boat

Manufacturer _____ Model _____ Boat Name _____

Sail Number _____ LOA _____ LWL _____ Beam _____ Sail sq. ft. _____

Registration State _____ Registration No. _____ USS Handicap Rating _____

Home Port _____

Areas of interest in sailing

- Club Cruises
 Cruising
 Racing
 Social
 Sailing Classes
 Youth Sailing/Classes

<input type="checkbox"/> New member (family membership) plus initiation fee (\$75 + \$15)	\$90	_____
<input type="checkbox"/> New member (family membership) partial year (after July, 1st) (\$37.50 + \$15)	\$45	_____
<input type="checkbox"/> Membership Renewal (family membership)	\$75	_____
<input type="checkbox"/> Student Membership (non-family member)	\$15	_____
<input type="checkbox"/> Annual Race Fee (per boat)	\$85	_____
<i>In lieu of this total season fee, a race-day fee of \$15 is</i>		
<input type="checkbox"/> payable on race day at the skipper's meeting.		_____
I wish to make a donation for youth sailing program expansion		_____
	TOTAL	_____

*Membership renewal fees are due on or before March 1st. Please check all that apply, total the column, make check payable to CRSA, and send along with this signed application to **CRSA, PO BOX 256, LEXINGTON, KY 40588***

- I prefer to receive an email electronic pdf of the Main Sheet Newsletter in lieu of a paper copy via snail mail.

BY MY SIGNATURE, I AGREE AND ABIDE BY THE RULES OF THE CRSA AND TO ACCEPT ALL RESPONSIBILITY FOR MY PARTICIPATION. I AGREE TO HOLD HARMLESS AND INDEMNIFY AGAINST ANY AND ALL LOSSES, AND/OR CLAIMS THERETO, THE ORGANIZATIONS, AND PERSONNEL SPONSORING OR CONDUCTING CRSA SPONSORED ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, THE OFFICIAL RACE COMMITTEE OF CAVE RUN SAILING ASSOCIATION, THE CRSA ITSELF, AND ITS OFFICERS.

SIGNATURE _____ DATE _____

Unsigned applications will be denied membership