GULFSTREAM SAILING CLUB



Attn: Chuck Swinghammer 4050 North Ocean Drive, 1604 Fort Lauderdale, FL 33308

APPLICATION FOR NEW MEMBERSHIP

NAME			
SPOUSE NAME			
HOME ADDRESS_			
CITY	STATEZIP	НО	ME PHONE
OFFICE ADDRESS_			
OCCUPATION		OFF	FICE PHONE
FAX	E-MAIL	ОТІ	HER
This application includes	your immediate family.	Please list name	es and ages of children living with you:
Owning a boat is not a rec	quisite. If you do own o	ne now, please g	give the following information:
BOAT	NAME		SAIL/FL#
TYPE OF RIG	HULL COLOR		
LOALWL_	BEAM	_DRAFT	RATING
DATE	SIGNATURE		
GULFSTREAM SAILING club officer. In the unlike	G CLUB and mail to the kely event that member 0.00 per year, due Dec	club at the addi	h your check for \$140.00 payable to ress at the top of the page, or give it to a anted, your check will be returned. mberships accepted after Oct 1st are
	Signature		Print Name
Sponsored By:			
	1/2 2		

PLEASE COMPLETE REVERSE SIDE

Please furnish us with the following information regarding particular interests within the club. Check as many as applicable.

You	Spous	e Child			
()	()	()	Ocean racing		
()	()	()	Cruising boat racing		
()	()	()	Lake one-design racing		
()	()	()	Cruising		
()	()	()	Crewing		
()	()	()	Sailing instruction		
()	()	()	Entertainment committee		
()	()	()	After-race party hosting		
()	()	()	Race Committee work		
()	()	()	Publicity		
()	()	()	Tiller Tales (monthly newsletter)		
()	()	()	Monthly Calendar		
()	()	()	Program Committee		
()	()	()	Membership committee		
()	()	()	Other		
Pleas	se list o	committe	ees on which you are willing to serve:		
			that you can offer as a race committee boat? ()Yes ()No cial talents or interests such as computer, art, photography, etc		