



Long Beach / Los Angeles Women's Sailing Association

MEMBERSHIP APPLICATION or RENEWAL

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL: _____ BIRTHDAY (Optional): _____

MEMBERSHIP TYPE:

Regular

Associate Name of General member: _____

SAILING EXPERIENCE:

Please circle the type of sailing you enjoy the most:

Racing Cruising Day sailing All Types

How would you rate your level of sailing experience?

(Beginner) 1 2 3 4 5 6 7 8 9 10 (Advanced)

Years of sailing experience as Captain/ Skipper: _____ Years of experience as Crew: _____

If you own a boat, what type? _____ Boat Length: _____

Boat name: _____

Marina Location: _____ Gangway / Slip #: _____

Do you need crew? Yes No Would you like to be placed on our crew list? Yes No

Yacht Club or Association affiliations? _____

INTEREST / ACTIVITIES:

Club activities you would participate in this year:

All Day Sails Racing Weekend Cruises Classroom Seminars Socials

Sailing Instruction (Beginning/Intermediate/Advanced) Joint meetings with other WSA clubs

Other: _____

NEW MEMBERS:

How did you discover LB/LA WSA? _____

ANNUAL DUES:

General Membership \$45

Associate Membership* \$10 (*has same legal address as a General Member)

Please make checks payable to LB/LA Women's Sailing Association and mail with this application form to:

LB/LA Women's Sailing Association

P.O. Box 30774

Long Beach, CA 90853

If you have any questions, please contact us through the above address.

Please visit our websites at www.sailingchicks.com