



**ENGLEWOOD SAILING ASSOCIATION, INC.
MEMBERSHIP APPLICATION***

NAME(S): _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

DO YOU CURRENTLY OWN A SAILBOAT? YES NO TYPE _____ LENGTH _____

YEARS OF SAILING EXPERIENCE _____ YRS

IF CERTIFIED TO TEACH, BY WHICH AUTHORITY? _____

OTHER SAILING ORGANIZATIONS YOU HAVE BELONGED TO: _____

DO YOU HAVE A FLORIDA SAFE BOATING CARD? YES NO

WILL YOU CONSENT TO A BACKGROUND CHECK? YES NO

(Background checks are required for all personnel involved in the delivery and/or support of youth activities.)

SIGNATURE: _____ DATE: _____

PLEASE INDICATE IF YOU WOULD BE WILLING TO HELP WITH THE FOLLOWING:

- | | | |
|---|--|---|
| <input type="checkbox"/> INTRO CLASSES | <input type="checkbox"/> INTERMEDIATE/ADVANCED CLASSES | <input type="checkbox"/> ADULT CLASSES |
| <input type="checkbox"/> BOAT MAINTENANCE | <input type="checkbox"/> SUMMER CAMPS | <input type="checkbox"/> BOAT/TRAILER TRANSPORT |
| <input type="checkbox"/> FUNDRAISING | <input type="checkbox"/> PUBLICITY | <input type="checkbox"/> BECOME AN INSTRUCTOR |
| <input type="checkbox"/> OTHER _____ | _____ | |

**THE ANNUAL MEMBERSHIP FEE OF TWENTY FIVE DOLLARS (\$25) SHOULD ACCOMPANY
YOUR APPLICATION.**

**Make your check payable to:
ENGLEWOOD SAILING ASSOCIATION, INC.**

Please print and complete this form and mail to:

**Hugh Moore
1921 Scarlett Avenue
North Port, FL 34289**

**Please note: Membership applications must be approved by the Board of Directors prior to acceptance.*