



2010-2011 Membership Application Form

Please Enter Your Information:

Name: _____

Occupation: _____

Significant Other: _____
(Format: First Name & Last Name)

Children: _____

(Format: First Name, Last Name & Birthday. Put additional children on back of form)

Street Address: _____

City, State Zip: _____

Home Telephone: _____

Alt. Telephone: _____
(Format: Title & Number. Put additional numbers on back of form)

Primary E-mail: _____

Alt. E-mail: _____
(Format: Title & Address. Put additional addresses on back of form)

Boat 1: _____

Boat 2: _____
(Format: Year, Type, Sail #, Hull # (CF #). Put additional boats on back of form)

Car 1: _____

Car 2: _____
(Format: Year, Make, Model & License Plate. Put additional cars on back of form)
(NOTE: You must have a car for each sticker you want.)

Note: The membership fee is pro-rated monthly. Please use the appropriate values:

| | |
|----------------|---------------|
| July: \$120.00 | Jan: \$60.00 |
| Aug: \$110.00 | Feb: \$50.00 |
| Sept: \$100.00 | Mar: \$40.00 |
| Oct: \$ 90.00 | Apr: \$30.00 |
| Nov: \$ 80.00 | May: \$20.00 |
| Dec: \$ 70.00 | June: \$10.00 |

Initiation Fee: \$ 50

Membership Fee: \$ _____

Key Deposit: \$ 25

Car Stickers: (\$3 each – first is free) \$ _____

Total Payment: \$ _____

Note: In addition to your fees, all members are required to work 12 hours a year (one hour a month pro-rated) or pay \$10 per hour not worked. For new members any un-worked hours can be paid for at the end of their first fiscal year.

Disclaimer: I, _____, hereby agree to release Lake Washington Sailing Club, its members, officers and employees, the Port of Sacramento, the other licensed peninsula clubs, their officers, members and employees, or representatives from all liability by reason of injury to myself or to my family or guests; and also any damage to my boat or belongings or to those of my family or guests while on land or upon the waters of Lake Washington.

Prospective Member: _____
Signature Date

Sponsor: _____
Printed Name Signature Date

Mail To:
P.O. Box 980546
West Sacramento, CA 95798

Official Use Only:

| | |
|---|-----------------------|
| Cash Received: \$ _____ | Gate Key: _____ |
| Check Received: \$ _____ Check #: _____ | Car Sticker #1: _____ |
| Person Receiving: _____ | Car Sticker #2: _____ |
| Voted on date: _____ | Car Sticker #3: _____ |