

Lake Worth Sailing Club

Appl #:	_____
Date:	_____
Board Mem. Init:	_____

Application for Membership

Name: _____ Prefers to be called: _____
Spouse: _____ Prefers to be called: _____
Date of Birth: _____ Drivers License #: _____
Home Address: _____
City/St/Zip: _____
Home #: _____ Cell #: _____ Business #: _____
Email : _____
Children's names & ages: _____

Membership Type Requested

All members over 21 years of age unless otherwise noted

FEES

PAYABLE

New Member Initiation Fee (one time)	Fee: \$150.00	\$ _____
Active	Monthly Dues: \$35.00	\$ _____
Jr Associate (17-21)	Monthly Dues: \$35.00	\$ _____

Boat/Trailer Information

Class of Boat: _____
Sail/Power: _____ Length: _____ Draft: _____ Beam: _____
Engine (type & HP) _____ Hull Displacement: _____
Trailer Lic #: _____ State: _____
Boat Registration/Documentation#: _____
Insurance Company: _____

Dock and Anchorage Space

Wet Slip	Monthly Fee: \$30.00	\$ _____
Trailer Space (with or without boat)	Monthly Fee: \$20.00	\$ _____
Catamaran Space	Monthly Fee: \$10.00	\$ _____
Board Boat Space	Monthly Fee: \$10.00	\$ _____
Canoe/Kayak Space	Monthly Fee: \$5.00	\$ _____

TOTAL Amount Owed: (make check payable to Lake Worth Sailing Club \$ _____

IF THIS APPLICATION IS APPROVED, I AGREE TO PAY MONTHLY DUES PROMPTLY, TO DO MY PART AS A MEMBER AND TO ABIDE BY THE BYLAWS, RULES AND REGULATIONS OF THE CLUB. INITIATION FEE WILL BE PAID AT TIME OF VOTING. SEE REVERSE FOR WAIVER.

Signature of applicant: _____

Lake Worth Sailing Club

I hereby waive, release and discharge from any and all liability for the death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my family, guest or property, the Lake Worth Sailing Club and its officers, agents and employees indemnify and forever hold harmless the Lake Worth Sailing Club and its officers, agents and employees from any and all liabilities and claims made by other individuals or entities as a result of any of my actions or the actions of any participants, or any member of my family or guest.

I, the undersigned, on behalf of myself acknowledge, that I have read and understand the waiver and release described herein, affirm that this release and waiver shall be construed broadly to provide a release waiver to the maximum extent permissible under applicable law.

Print Name: _____ Date: _____

Signature: _____

Please give us a brief Bio

Club Member/Recommended by: _____
Print Name Signature

Record of Action on Application

Application/payment received by Secretary: _____

Ballots mailed to members: _____

Expiration of two weeks voting period: _____

Number of ballots cast: _____ for: _____ against: _____

Application approved/dues payable beginning: _____

Application denied/initiation fee returned: _____

Secretary: _____ Final File Date: _____