



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

NAME(S): 1 _____ **Date of Birth:** _____
(Parents/guardians of youth should be listed first) 2 _____ (optional) mm/dd/yyyy
3 _____ mm/dd/yyyy
4 _____ mm/dd/yyyy
(ADDITIONAL NAMES ON THE REVERSE SIDE) yes mm/dd/yyyy

MAILING ADDRESS: _____

CITY: _____ **ZIP:** _____

PRIMARY PHONE: _____ **Year-round resident** ____ **Seasonal resident** ____
(Months in FL)

ALTERNATE PHONE 1: _____ **ALTERNATE 2:** _____

EMAIL ADDRESS 1: _____

EMAIL ADDRESS 2: _____

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

SAILING EXPERIENCE ____ **YRS** **IF CERTIFIED TO TEACH, BY WHICH AUTHORITY?** _____

OTHER SAILING ORGANIZATIONS YOU HAVE BELONGED TO: _____

DO YOU HAVE A FL SAFE BOATING CARD? YES NO **WILL YOU CONSENT TO A BACKGROUND CHECK?** YES NO
Required for all personnel involved in the delivery and/or support of youth activities.

How did you hear about Englewood Sailing Association? Internet ____ Print Media ____ Word of mouth ____ Other ____

SIGNATURE: _____ **DATE:** _____

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

- INTRO CLASSES INTERMEDIATE/ADVANCED CLASSES ADULT CLASSES YARD MAINTENANCE
- BOAT MAINTENANCE YOUTH SUMMER CAMPS BOAT/TRAILER TRANSPORT FOR CLASSES
- FUNDRAISING SPECIAL EVENTS PUBLICITY BECOME A CERTIFIED INSTRUCTOR
- BOARD MEMBER/OFFICER BANNER CAMPAIGN OTHER _____

**THE ANNUAL MEMBERSHIP FEE OF TWENTY FIVE DOLLARS (\$25), OR \$12 IF APPLYING AFTER JULY 1ST, SHOULD ACCOMPANY YOUR APPLICATION.
Make your check payable to: ENGLEWOOD SAILING ASSOCIATION, INC.**

Please print this form, complete the requested information, and mail to:
John Riehl
24422 Tangelo Avenue
Port Charlotte, FL 33980