



Moraine Sailing Club
2011 Membership Application

New Renewal

Contact Information*

Please print legibly or type:

Name _____
 Last First

Spouse or Partner's Name _____
 Last First

Family Member Names _____

Mailing Address _____
 Street Apt #

_____ City State Zip Code

Home Phone _____ **Business Phone** _____
 [Area code] [Area code]

E-mail Address _____

I wish to receive the Club newsletter via (check one): Email US postal mail (\$6.00)

Membership Information

Please select one:

- | | | Dues |
|--------------------------|--|-------------|
| <input type="checkbox"/> | Community Sailing Basic Membership plus access to club maintained Flying Scots, Sunfish and Optimists (including instruction and qualification), all racing series races, trophies, and activities.
New Members: Join as Basic & check "CSP" for Interests (p. 2). | \$225.00 |
| <input type="checkbox"/> | Racing Membership Basic Membership plus registration of one skipper to participate in Flying Scot or Open Class racing series; eligible for trophies and activities on club racing days. | \$100.00 |
| <input type="checkbox"/> | Basic Membership Access to all social events for immediate family; able to participate in educational course,* club activities, and trips; listing in the Membership Directory; eligible for crew trophies. | \$ 35.00 |
| <input type="checkbox"/> | Learn to Sail Please add \$25 per family member who wishes to participate in Learn To Sail sessions. | _____ |

TOTAL _____

Boat Information*

Racing [required]:

Non-racing [optional]:

Class _____ **Class** _____

Sail Number _____ **Sail Number** _____

*Note: *ed information will be published in the annual membership directory.



Your Interests

Please help us plan club activities. Check all activities in which you or other family members are interested:

- | | | |
|---|--|--|
| <input type="checkbox"/> Learn to sail | <input type="checkbox"/> Racing | <input type="checkbox"/> Venture post sailing (co-ed ages 14-20) |
| <input type="checkbox"/> Learn to race | <input type="checkbox"/> Racing crew list ¹ | <input type="checkbox"/> Youth sailing camp |
| <input type="checkbox"/> Learn to cruise | <input type="checkbox"/> Club cruising excursions | |
| <input type="checkbox"/> Club social events | <input type="checkbox"/> Community Sailing (CSP) | <input type="checkbox"/> Other [please describe] _____ |
-
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¹If you or a family member are interested in crewing for someone else, check here and your name, address, and phone/email will be listed in our crew list. Please provide additional information about sailing and racing experience, if any:

Helping Out

Moraine Sailing Club is an all-volunteer organization, so we need the active support of our members. If you or a family member would be interested in helping out with any of the following club activities, please check the appropriate boxes. Thanks!

- | | | |
|--|--|--|
| <input type="checkbox"/> Social events | <input type="checkbox"/> Venture sailing program | <input type="checkbox"/> Assisting Day Steward on race days |
| <input type="checkbox"/> Seminars | <input type="checkbox"/> Community sailing | <input type="checkbox"/> Getting inexperienced racers started |
| <input type="checkbox"/> Teaching sailing | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Club boat & motor maintenance and repair |
| <input type="checkbox"/> Cruising excursions | <input type="checkbox"/> Publicity | <input type="checkbox"/> Website— www.morainesailingclub.org |
| <input type="checkbox"/> Youth sailing camp | <input type="checkbox"/> Membership | <input type="checkbox"/> Serving on the board |

New Members

Do you know a sailor who is not a member or anyone interested in learning to sail? We'll be happy to send him or her information about the club and its events.

Name_____
Last_____
First**Mailing Address**_____
Street_____
Apt #_____
City_____
State_____
Zip Code**Phone**_____
[Area code]**E-mail Address**

I agree, on behalf of myself, my spouse, members of my household, my guests and other parties of interest, to release and save harmless the Moraine Sailing Club, its officers and directors, and the Commonwealth of Pennsylvania from any claim or claims arising from death or injury to myself, my spouse, members of my household, or my guests, and from loss or damage to boats, equipment or property under ownership or control of myself, my household, or my guests.

Applicant's signature_____
Date_____
Spouse or Partner's signature_____
Date

Please mail this completed & signed application, along with a check for dues payable to "Moraine Sailing Club," to:

Joy Goethert
ATTN: MSC Membership
430 Locust St.
Edgewood, PA 15218

Questions or Comments?

membership@morainesailingclub.org
Or visit: www.morainesailingclub.org