



OFF SOUNDINGS CLUB
MEMBERSHIP APPLICATION

Date _____

Name _____ Nick Name _____

Address _____

email _____

Phone Numbers:

Home _____ Work _____ Cell _____

Business or Profession _____

Date of Birth _____

Do you own a sailboat? (Yes or No) _____

If you do, state name, type, size, color, and sail number _____

Please list Off Soundings Club races in which you have participated, and state name of yacht and whether as owner or crew member in each instance _____

Presently member of the following clubs _____

Name of Proposer _____ Date _____

Names of Two Seconders _____

(Personal signatures of the above not required on this form)

Names of any members of this Club, in addition to your proposer and seconders, to whom the Membership Committee may refer:

Applicants Signature _____

This application must be sent by the proposer along with all seconding letters to:

Jackie Fisher
Membership Chair
145 Laurelwood Road
Groton, CT
Phone 860-446-6128

eMail: myrustynail31@gmail.com