



Off Soundings Club Membership Application

Date _____

Name _____ Nick Name _____

Address: _____

eMail: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Business or Profession _____

Date of Birth (MM/YY) _____

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

If you do, state name, type, size, color and Sail #: _____

PHRF#-Spinnaker _____ Non-Spinnaker, _____

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 club(s) _____

Print Name of Proposer and sign: _____ Date _____

Proposers eMail Address _____

Print 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 (PREFERRED): myrustynail31@gmail.com