

SOUTH WINDS SAILING CLUB

Please fill in all requested information on the application and mail it along with the \$50.00 annual fee (new members joining after July 1st, pay \$25.00) to:

**South Winds Sailing Club
632 Dover Street
Marietta, GA 30066**

Member(s) Name: _____
Member(s) Address: _____
City, State: _____
Zip Code: _____

Email Address: _____

Contact Number: Please CHECK MARK your preferred contact number
Home Phone: [] _____
Cell Phone: [] _____
Other Phone: [] _____

Current Boat: _____
Length: _____
Boat Name: _____
Current Marina: _____

What knowledge or skills can you share or teach other club members:

Boating Interests: [] Social Events [] Racing
[] Crewing [] Raft Up Events
[] Cruising

By submitting this membership form, I understand I am responsible for my boat and the safety of her passengers. I will not hold SWSC officers or members liable.

Member Signature: _____
Date: _____