



**CRUISING SAILORS OF ST. MICHAELS**  
**MEMBERSHIP APPLICATION**

Name(s): \_\_\_\_\_ Date \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Boat Name: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Draft: \_\_\_\_\_ Color: \_\_\_\_\_

Type: Sloop: \_\_\_\_ Yawl: \_\_\_\_ Ketch: \_\_\_\_ Catamaran: \_\_\_\_ Trimaran: \_\_\_\_

Electrical Requirements: 30 amp: \_\_\_\_ 50 amp: \_\_\_\_

Vessel Location:

\_\_\_\_\_

Brief Sailing Resume:

I/we have received a copy of the CSSM Guidelines and agree to abide by them.

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_