



## CRUISING SAILORS OF ST. MICHAELS MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    First                    M.I.                    Last

\_\_\_\_\_  
                    First                    M.I.                    Last

Address: \_\_\_\_\_  
                    Street

\_\_\_\_\_  
                    City  State                    Zip

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

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

Boat Name: \_\_\_\_\_ Model: \_\_\_\_\_

Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Draft: \_\_\_\_\_ Electrical: 30 amp \_\_\_\_\_ 50 amp \_\_\_\_\_

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

Vessel Location: \_\_\_\_\_

Brief Sailing Resume:

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

I/we have attached a non-refundable application fee of \$20.00 (made out to CSSM), to be applied to the first year's membership dues.

Signature(s): \_\_\_\_\_

Sponsor(s) Comments:

Signature(s): \_\_\_\_\_

Qualified and Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Commodore