



# MEMBERSHIP APPLICATION



**Note:** Please print the following information as you would like it to appear in our annual directory.

**NAME** \_\_\_\_\_  
Last First Spouse

**ADDRESS** \_\_\_\_\_  
Street or P.O. Box  
\_\_\_\_\_  
City State Zip Code

**TELEPHONE NUMBER** \_\_\_\_\_  
Primary/Home Cell / Alternate

**Primary E-MAIL** \_\_\_\_\_ **Alternate E-mail** \_\_\_\_\_

**BOAT** \_\_\_\_\_  
Name Builder/LOA

Marina and Dock/Slip # (or "behind house")

What would you most enjoy in your association with the ECSA?

Local cruising \_\_\_\_\_% Distant/coastal cruising \_\_\_\_\_% Blue water \_\_\_\_\_% Social \_\_\_\_\_%

Other Boating Organization Affiliations: \_\_\_\_\_

Sailing Experience: \_\_\_\_\_

ANNUAL MEMBERSHIP: (Check one)

\_\_\_\_\_ REGULAR MEMBER, \$35.00 (includes initial club burgee)

\_\_\_\_\_ ASSOCIATE MEMBER (non-sailboat owner), \$25.00

MAIL TO: East Coast Sailing Association, P.O. Box 372054, Satellite Beach, FL 32937-0054

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
ECSA Sponsor (not required)