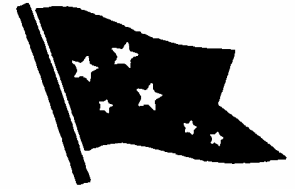




MEMBERSHIP APPLICATION



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 _____
Home Cell / Alternate

E-MAIL _____

Yes, I would like to receive the monthly newsletter via email.

BOAT _____
Name Builder / LOA

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

What would you most enjoy in your association with the ECSA? RACING ____% CRUISING ____%

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)