



MEMBERSHIP APPLICATION

Membership Type

- Student +Volunteer \$25.00 plus 10 volunteer hours with SBCSA
 Student \$50.00
 Adult \$130.00
 Family \$220.00

Name _____ Date of Birth _____
 Address _____ Primary Phone _____
 City _____ State _____ Zip Code _____ Secondary Phone _____
 Email _____

Comments _____

For **Family Memberships**, please list the names and birth dates of additional family members.

Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

For **Youth Memberships**, list at least one **Emergency Contact (required)**. Optional for Adults.

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

I am willing to help with: Sailing Programs Promotion Facility and Boat Maintenance
 Fundraising Social Activities

Assumption of Risk for Personal Loss and Injury and Release of Liability I fully understand that participation in the Saginaw Bay Community Sailing Association may involve risk of personal loss and/or injury and hereby agree to assume full responsibility for loss and/or injury which may result from participation in the sailing program and associated activities. I agree to hold the SBCSA and its officers, volunteers, and employees free from liability for said injury and/or loss.

Photo Release I give permission for the SBCSA to use photos or videos that may include me or members of my family in the SBCSA electronic and print media for promotional purposes. Check here if you do not consent to the Photo Release

Signed _____ Date _____
 Member or Parent/Guardian if Youth Membership

Membership Fee:
Please consider a contribution to SBCSA
Contribution:
Total Enclosed:

Please mail the completed application and your check payable to SBCSA to: SBCSA, P.O. Box 2122, Bay City, MI 48707.