



# MEMBERSHIP APPLICATION

WSA-OC Women's Sailing Association - Orange County


P.O. Box 937, Dana Point, CA 92629 www.wsaoc.org info@wsaoc.org

Member of Southern California Yachting Association (SCYA)

Annual Dues \$100.00  
(New Member Special:  
- 4th Qtr 2018 and 2019)

Annual Dues \$60.00  
(Current Member 2019 Renewal)

*Please complete the information to the right for your membership card and name tag (included in membership) Replacement \$15.00*

 <small>WSA-OC</small> <small>Women's Sailing Association-Orange County</small> <small>A member of SCYA &amp; ABOYC</small>	(Name) _____
	(Vessel/Title) _____

RBOC (optional) \$20.00 Recreational Boaters of California (Protects boating interests)

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

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Phone (hm): \_\_\_\_\_ Phone(cell): \_\_\_\_\_

Phone (bus): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

May we publish the above in the WSA-OC Roster (shared only with members)?  Yes  No

If you would like only partial information above published in roster, please write "yes" next to those items.

Indicate your experience level (1 = novice; 10 = expert)

1  2  3  4  5  6  7  8  9  10

I am primarily a  racer  cruiser. Crew position(s) preferred: \_\_\_\_\_

Overall Sailing Experience:  1-5 years  5-10 years  10+ years

What type of sailing interests you most?  racing  cruising  day sailing  all types

Comments: \_\_\_\_\_

Do you own a boat?  Yes  No

If yes, what type: \_\_\_\_\_ Name: \_\_\_\_\_

If no, do you have access to a boat?  Yes  No

If yes, what type: \_\_\_\_\_ Name: \_\_\_\_\_

Types of boats you sail most often? \_\_\_\_\_

Other club affiliations? \_\_\_\_\_

**Your Membership Includes:** Card, Roster, Monthly Newsletter (The Whistle), Monthly Meetings.

Make check payable to WSA-OC and mail to: Membership Director, PO Box 937, Dana Point, CA 92629

Credit Card: AmEx  M/C  Visa  CC# \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code: \_\_\_\_\_

WAIVER: I acknowledge that I am applying for membership in WSA-OC and agree to waive any and all claims that may arise against WSA-OC as well as its members, officers, directors, and committee chair persons, and agree to hold harmless for any liability whatsoever for any accident or injury to myself or my person or any property while participating in any of WSA-OC's functions.

\_\_\_\_\_  
Signed