



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)


2019 New Member Annual Dues \$85.00

2019 Member Renewal Annual Dues \$70.00
(Current Member 2019 Renewal)

WSA-OC Scholarship Fund (optional) \$20.00

Will support community service efforts focused on sponsoring women, foster children and the visually impaired to experience sailing along with promoting ocean awareness.

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

	(Name) _____
	(Vessel/Title) _____
WSA-OC Women's Sailing Association-Orange County	
A member of SCYA & AOCYC	

Date: _____

**Name: _____ Birthday: _____

**Address: _____

**City: _____ **State: _____ **Zip: _____

Phone (hm): _____ Phone(cell): _____

**Email: _____ Occupation: _____

Social Media Name (if different than name): _____

May we publish items with ** in the WSA-OC Roster (shared only with members) for non-marketing purposes?

Yes No

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

1 2 3 4 5 6 7 8 9 10

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: _____

Other club affiliations? _____

Interested in volunteering for WSA-OC? ___ yes (we will contact you to discuss options)

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 _____ SecurityCode: _____

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.

Signature _____

Date _____