



U-Sail Charters & Boat Club

MEMBERSHIP APPLICATION

Name _____ Date _____

Phone #'s:

(____) _____ (____) _____ Email: _____
Primary Alternate

Address _____
Street City ST ZIP

Driver's License _____ Date of Birth _____

Emergency Contact _____
Name Phone Relation

Please list existing marine/sailing/boating organization or club membership(s):

Organization	Membership Number
Florida Boating Safety Identification Card	
American Sailing Association	
US Sailing	
Boat US	

List any formal training you have had in boating, sailing, or flying, such as Coast Guard Auxiliary, ASA, US Sailing, Power Squadron, Red Cross, Private Instruction, Civil Air Patrol, Commercial Pilots License, Merchant Marine Captain, Mate, Deck Hand, etc.

List types of previously sailed vessels/boats and years of experience on each type:

Briefly tell us about your sailing or boating experience:

List potential crew (including sailing experience) and relationship:

Signature X _____

Date: _____