

Polaris Sailing Society Membership Application



Annual Dues \$75

Please Print Clearly

Name (First & Last): _____

Street Address: _____

City, State Zip: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Number: _____

Email Address: _____

Emergency Contact Info 1
Name / Relationship / Phone: _____

Emergency Contact Info 2
Name / Relationship / Phone: _____

Birth Month / Birth Day: _____

For Boat Owners Only

Will you make your boat available for Polaris events? Yes () No ()	Boat Name: _____		Sail?	Power?
	Boat Mfr. / Make: _____			
Registration CF or Doc. No.	Length:	Breadth:	Draft:	

The information on the application may be distributed to members of this organization. Our membership information is not approved to be shared with any other organizations.

Agree (Initial): _____

May the Club distribute your telephone number on the roster?	Yes: _____	No: _____
May the Club distribute your address on the roster?	Yes: _____	No: _____
May the Club distribute your e-mail on the roster?	Yes: _____	No: _____
May the Club use your Email for official club business?	Yes: _____	No: _____

I hereby acknowledge, understand, and agree to the Terms and Conditions as set forth in the attached Polaris "Assumption of Risk and Liability Release Agreement".

Agree (Initial): _____

Signature: _____ Date Joined: _____

----- Administration Use Only -----		
Paid by:	Cash	Check