



Sylvan Lake Sailing Club

100 Marina Bay Drive
Sylvan Lake AB
Mail Only: P.O. Box 9008
Sylvan Lake AB T4S 1S6

Application for New Membership

Applications for Membership must be accompanied with a \$100.00 Check, payable to the **Sylvan Lake Sailing Club.**

Name: (Last) _____ (First) _____ Birthdate _____

Spouse/Co-applicant: (Last) _____ (First) _____ Birthdate _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone: Home: _____ Office: _____ Cell: _____

*Email Address: _____

Please Note, 99% of our communication is via the internet. Make sure your address is correct and legible.

Boat Owner: Yes No If Yes, please fill out Boat Registration Form.

Boat Crew Yes No Name of boat you crew on _____

Please attach a brief letter stating your objectives for joining SLSC including your interest in boating, past boating experiences, and prior club experiences.

Participating in Club Activities is a requirement of membership.

I (we) hereby apply for membership in the Sylvan Lake Sailing Club and, if approved, I (we) agree to abide by the By-Laws and Regulations of the Sylvan Lake Sailing Club

Signed: Applicant: _____ Date: _____

Spouse/Co-applicant: _____ Date: _____

Children under 18 yrs

Name: _____ Birth date _____
_____ Birth date _____
_____ Birth date _____

Club Activities and Interests: Our club's continued success is dependant upon an active membership. Please check your interests and those activities in which you will be willing to participate.

Keelboat Racing Dinghy Racing Committee Boat Junior Programs
Coastal Cruising Social Committee Ships Store Publicity
Membership & Communications Other: _____

Membership Committee Use

Date Received _____ Dues \$ _____ Member # _____

Membership Committee Action _____ Date: _____

Signed _____, Membership Chair

Executive Committee Action: _____ Date: _____

Signed: _____, Vice Commodore

Name of Club Adviser assigned : _____