

NAMEQUOIT SAILING ASSSOCIATION

Family Membership Application

| Applicants Name(s): | | | | |
|--|----------------------------|-----------------------------|--|--|
| Email: | | | | |
| Summer Address: | | | | |
| Winter Address: | | | | |
| Home Phone: | Cell Pho | ne 1: | Cell Phone 2: | |
| Sponsor's Name (Must be | e NSA Family Me | mber): | | |
| Type of Boat Sailed: | /pe of Boat Sailed:Length: | | | |
| Name: Sail Number (if any): | | | | |
| Do you have a mooring? | If yes, n | nooring loca | tion: | |
| Are you interested in raci | ng? | | | |
| List any NSA members yo | ou know: | | | |
| Name of your Sponsor: _ | | | | |
| Please write and attach a | brief statement | on why you v | want join Namequoit Sailing. | |
| Sponsor will also attach a the applicant for membe | | on how well | they know the applicant and why they propos | |
| Signatures: | | | | |
| Applicant: Sponsor: | | | | |
| Date: | | | | |
| * Please send completed application to: | | P.O. Box 1 Orleans, N | Namequoit Sailing Association P.O. Box 1851 Orleans, MA 02653 Attention: Membership Chair | |
| For more information contact: | | Email: gbriere330@gmail.com | | |

^{*}No payment is required with this application. Dues will be assessed with the successful completion of the application process.