

Sailing Association of Marco Island

2017 Membership Renewal Form

Due December 31, 2016

Last Name: _____ First: _____ Spouse/Other: _____

Local Address: _____ City: _____ Zip: _____

Local phone: () _____ Cell: () _____

Other Address: _____ City: _____ State: _____ Zip _____

E-mail Address: _____ (Print clearly)

If you have a favorite picture that you would like used in the roster, send a digital Image to: maryleecale@yahoo.com

Are you a full-time resident? Yes / No If "No," Please circle the months you are here: J F M A M J J A S O N D

Do you own a boat(s)? Y / N Sail _____ Power _____

Make and rig of boat: (1) _____ Boat Name: (1) _____

Length: _____ Beam: _____ Draft: _____ Sail #: _____ PHRF Rating: _____

Make and rig of boat: (2) _____ Boat Name: (2) _____

Length: _____ Beam: _____ Draft: _____ Sail #: _____ PHRF Rating: _____

Interested In: Racing Cruising Crewing Other Specify: _____

Indicate your Interest In participating in: Program Development Sailing Safety & Education Hospitality/Mentoring

Telephone Liaison Membership Development

And/or serve in one or more of these committees: Publicity Advertising Race Committee Ship's Store

Do you have the skills to serve as an: Auditor Legal Advisor Historian Parliamentarian Photographer

Website Administrator Newsletter Editor

Other interests: _____

Applicant's Signature _____ **Date** _____

Full Year Dues: \$50 (\$45 If Paid Before December 1) • After June 30: \$25 • Club Burgee \$25

Please return this completed renewal form along with a check in the appropriate amount to:

SAMI, P.O. Box 61, Marco Island, FL 34146

Dues must be received by December 31, 2016 if you want to be included In the 2017 Roster