

BAHAMAS SAILING ASSOCIATION – MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THIS FORM AND MAIL IT WITH YOUR PAYMENT BY CHECK IN B\$ TO THE ADDRESS ON THE RIGHT (OR DROP IT IN AN ENVELOPE AT THE NASSAU YACHT CLUB – ATT: BSA – TREASURER) FOR ANY QUESTION OR CONCERN: VISIT OUR WEB SITE OR EMAIL THE TREASURER AT CONTACT@BAHAMASSAILING.ORG	BAHAMAS SAILING ASSOCIATION ATT: THE TREASURER PO Box N-752 NASSAU, BAHAMAS BAHAMASSAILING.ORG
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NEW MEMBER <input type="checkbox"/>	RENEWING MEMBER <input type="checkbox"/>	MEMBERSHIP #
PLEASE CHOOSE ONE TYPE OF MEMBERSHIP ONLY.		
ACTIVE MEMBERS	ADULT INDIVIDUAL	YACHT/SAILING CLUB
voting member (1 vote)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$1.00 PER HEAD OF MEMBER
		IN YOUR CLUB / MINIMUM \$100
ASSOCIATE MEMBERS	JUNIOR AND SUPPORTER INDIVIDUAL	FLEET
non-voting member	<input type="checkbox"/> \$10	\$100 <input type="checkbox"/>
	COMPLETE SECTION 1 ONLY	COMPLETE SECTION 2 ONLY

SECTION 1	
INDIVIDUAL FULL NAME	
STREET	
PO Box	
CITY / ISLAND	
TELEPHONE	
FAX	
EMAIL	
DATE OF BIRTH	
MEMBER OF (SAILING/YACHT CLUB ETC.)	
I AM SAILING (TYPE/CLASS OF BOAT/S)	

SECTION 2	
ORGANIZATION/FLEET NAME	
STREET	
PO Box	
CITY / ISLAND	
TELEPHONE	
FAX	
WEB SITE URL	
EMAIL	
NUMBER OF MEMBERS IN THE CLUB	
COMMODORE/FLEET CAPTAIN FULL NAME	
TELEPHONE	
FAX	
EMAIL	
JUNIOR PROGRAM CONTACT FULL NAME	
TELEPHONE	
EMAIL	

OFFICE USE ONLY	DT.RC:	MB. #
	CHK #:	