BLUE MARSH SAILING ASSOCIATION – 2012 MEMBERSHIP FORM
DUE BY JANUARY 31, 2012

Name(s) _____Phone Nos. _____

Address _____ E-Mail(s)_____

Day of Birth (M/D Only) _____Cell Phone Nos. _____

For family memberships only – Other family members names and ages_____

_____

Are you qualified to captain a charter vessel? _____

We're asking everyone to help in some small way. Please circle the committees in which you would be willing to assist. Thank you!

Weekend Trips	Extended Cruises	Racing	Social Activities	Meeting Programs	Picnics
Historian	Publicity	House	Newsletter	Storekeeper	Library
Membership	Board Officer	Chaplain	Equipment	CBYCA Meetings	Training

MEMBERSHIP DESIGNATIONS

If you are a couple and both persons intend to participate in sailing or social events, please sign up with a Couple/Family membership to avoid Guest Fees. An affiliate membership is an OPTION only to those who reside outside a 100 mile radius of Reading, PA. An Affiliate Member cannot hold elected office.

Check one: Single Individual $25.00 ☐ Couples/Families $40.00 ☐

Affiliate Membership $15.00 ☐

Please send this form and check to ----------→

Please make check payable to:
Blue Marsh Sailing Association

Jane Moyer
1540 Garfield Ave.
Wyomissing, PA 19610

Boat Make/Model/Length **Sail/Power** **Boat Name** **Calling Port** **Hull ID No.**

_____

If you are renewing your BoatUS Membership be sure to mention our co-op Group No. GA83694S to get the special $15.00 rate.

_____

ASSUMPTION OF RISK:
RELEASE OF LIABILITY TO BLUE MARSH SAILING ASSOCIATION

Each member participating in any Association-sponsored activity voluntarily assumes all risk incident to each activity, and intending to be legally bound, agrees for himself, his family, executors and administrators, to release from all liability, for action whether intentional or unintentional, officers, members, and employees, and any person, partnership, corporation or any other organization or association who or which permits the use of his/hers/its real or personal property for an Association activity. As a member I understand that if I bring a non-member to an Association activity, I assume responsibility for the non-member and release the Association from any and all liability to or for the non-member. Your signature(s) is (are) required for this membership from to be accepted.

_____ _____ _____ _____
Name Date Name Date

Official use: Cash_____ Check # _____ Card_____ Log_____