

AISC
MEMBERSHIP
APPLICATION



Skipper's Name: _____

Mate: _____

Children's Names and Ages (optional) _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Boat Name: _____ Builder & Length: _____, _____ ft.

Docked at: _____ Sail Number: _____

I/We are interested in the following: (Check as many as you like)

Cruising Racing Boat Crew Social Events

I/We are interested in learning more or volunteering in the following areas:

Cruise Program Racing Membership Shore Activities

Waiver: In consideration of Amelia Island Sailing Club's (AISC) acceptance of my application for membership, I hereby waive, release, and discharge any and all claims against the AISC for damages, personal injuries, or property damage which may subsequently accrue to me by reason of my participation in any activity (including, without limitation, yacht races and cruises) sponsored by the AISC.

NOTE: Application cannot be processed without your signature.

Signature: _____ Date: _____

Please complete the form and mail with check made payable to AISC in the amount of \$100.00 to:

Amelia Island Sailing Club
Membership Committee
P.O. Box 16143
Fernandina Beach, FL 32035