



MEMBERSHIP APPLICATION

Applicants Name (Print) _____
First Middle Last

Spouse _____
First Middle Last

Children's Name(s) _____ Age(s) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Ph:(____) _____ Cell Ph:(____) _____ Email: _____

Drivers Lic. # _____ State _____ SS # _____ / _____ / _____

Business Address _____ State _____ Zip _____

How did you discover us? _____

Please provide a personal reference in case of an emergency.
Name _____ Phone # (____) _____

AUTOMATIC PAYMENT OPTION

* Automatically charge my dues: _____ (either monthly or annually) * Automatically charge my annual insurance: _____
Initial Initial

Checking Debit: _____

Bank Name: _____ Routing # _____ Acct. # _____

Name on Card: _____ Signature: _____ Expiration Date: _____

The following information is necessary for the purpose of extending credit:

VISA card # _____ Exp. Date: _____

MASTER card # _____ Exp. Date: _____

OFFICE USE

Date of membership _____	Insurance \$ \$50. Yr. or (\$4.17 per month)
Type of membership _____	Total due \$ _____
Course fees \$ _____	Total received \$ _____
Initiation fee \$ _____	Balance Due \$ _____
	Payment Option CK CA.

I have read and understood the terms and conditions of membership and agree to abide by all rules, regulations and policies established by and governing the operation of Gig Harbor Sailing Club & School.

MEMBER SIGNATURE _____ Date: _____

Gig Harbor Sailing Club & School.

MEMBER SIGNATURE _____ Date: _____