

2008 NCWSA MEMBERSHIP FORM

Name: _____

Email: _____

Address: _____

City: _____ St: _____ Zip _____

Home Phone: _____ Work Phone: _____

Company Name/Occupation _____

How many years have you been sailing ? _____ Racing ? _____

Are you a member of EYC: _____ Are you a member of another Club: _____
(Please check one) Racer by E-mail _____ or stamped: _____

Choose a committee (required) Social _____ Education _____ Membership _____
Public Relations _____ Racing _____ Newsletter _____ Website _____
Merchandising _____ Fund Raising _____

MEDICAL EMERGENCY INFORMATION

Emergency Contacts

Name _____ **Relation** _____

Home # _____ **Bus./Cell #** _____

Name _____ **Relation** _____

Home # _____ **Bus./Cell #** _____

Allergies or Specific Problems (Circle One) YES NO (If yes, describe procedures to be followed) _____

Permission is hereby granted for medical treatment if necessary, or to be transported to the nearest medical facility. We waive any claim against NCWSA, their officers, members and Edgewater Yacht Club, their officers, members and employees for all causes, which may arise in connection with the activities of the organization.

Signature _____

Date _____