

Membership Application Form

To apply for associate membership at the Great Slave Sailing Club please contact the Membership Director (or Designate). The Membership Director will be able to provide you with information pertaining to the club, answer any questions and assist with the completion of this application. Your application as an associate member will be accepted along with the membership fee and approved by the Membership Director.

The gathering of this information is not intended to be invasive to your privacy. This information is to assist in maintaining a strong set of club records. These records will permit better communication within the membership and enable the Board of Directors and other club volunteers to build programs and offer social events catered to the needs and desires of our membership. This information will not be distributed out side of the club or used for any purpose other than club business.

| Applying for : | Associate Membe | ership | | |
|--|-----------------|--------|-------|----|
| Applicant Name: | | | | |
| Mailing Address: | | | | |
| Phone Numbers: home: | work: | | cell: | |
| Preferred Email Address: | | | | |
| Have you received a current copy of the club's bylaws and Date: Yes No | | | | |
| Is your payment attached with this application: | | | Yes | No |
| Signature: | | Date: | | |
| BOARD USE | | | | |
| Accepted & Approved E | Зу: | Date: | | |