

**Port Townsend Sailing Association
Membership Application**

Name _____ Address _____

Home Phone _____ Cell Phone _____

Other Phone _____ E-mail address _____

I am: Skipper Crew looking to crew Race Committee Member don't want to join, just want to race

Boat Name _____ Design and Rig _____

Sail Number or spinnaker colors _____

LOA _____ Year Built _____ PHRF Rating _____

Owner/Skipper's Name(s), if not you _____

May we share the above information:

with other members of the PTSA? Yes No with other sailing organizations? Yes No

May we list any of your info on the PTSA website? (please specify) _____

Annual Membership Dues:

Skipper- \$75 Crew- \$25 Race Committee Member- fee waived Donation to support youth sailing (optional)- \$10

Please make check or money order payable to: Port Townsend Sailing Association

PTSA
1044 Water Street, #204
Port Townsend, WA 98368

Amount Paid \$ _____ Check number _____

Applicant Signature _____

Date _____