

Membership Application for the



P.O. Box 46, New Castle, Delaware 19720

(Please complete in full)

Member information		Spouse information	
First Name			
Last Name			
Nickname			
Phone (home)			
Phone (bus.)			
Phone (cell)			
Email (home)			
Email (bus.)			
Place of business			
Home address: Street, Apt # City, State, Zip		Will spouse be an active sailor (y/n)	
		Will spouse attend instruction (y/n)	
Names of Minor Children (under 21)	Birth Year	Will child attend instruction (y/n)	
Describe your previous sailing experience:			
Do you and/or your family members know how to swim?			
List any special skills you have that would help in maintaining club boats and facilities, or in club operations – for example, carpentry, fiberglass work, painting, welding, splicing, sail repair, accounting, gardening or cooking:			
How (or from whom) did you learn about the club?			

I hereby apply for membership in the *New Castle Sailing Club*. I will do my fair share of maintaining the club boats and facilities.

Signature _____ Date _____