



# Off Soundings Club Membership Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

eMail: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Business or Profession \_\_\_\_\_

Date of Birth (MM/YY) \_\_\_\_\_

Do you own a sailboat? (Yes or No) \_\_\_\_\_

If you do, state name, type, size, color and Sail #: \_\_\_\_\_  
\_\_\_\_\_

PHRF#-Spinnaker \_\_\_\_\_ Non-Spinnaker, \_\_\_\_\_

Please list Off Soundings Club races in which you have participated, and state name of yacht and whether as owner or crew member in each instance \_\_\_\_\_  
\_\_\_\_\_

Presently member of the following club(s) \_\_\_\_\_  
\_\_\_\_\_

Print Name of Proposer and sign: \_\_\_\_\_ Date \_\_\_\_\_

Proposers eMail Address \_\_\_\_\_

Print Names of Two Seconders: \_\_\_\_\_ / \_\_\_\_\_

(Personal signatures of the above not required on this form)

Names of any members of this Club, in addition to your proposer and seconders, to whom the Membership Committee may refer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicants Signature \_\_\_\_\_

**This application must be sent by the proposer along with all seconding letters to:**

**Steve Purdy**

**116 Oslo Street**

**Mystic, CT. 06355**

Phone 860-536-0812

eMail

steve\_purdy@comcast.net