



## APPLICATION

Please fill in all spaces which apply to this application and check box for membership type.

Applicant Information	$\checkmark$	Membership	Fee
Full Name:		Regular	\$ 100
Street Address:		Associate *	\$ 50
City, State & Postal Code (zip)			
Occupation:	Ma	uil application to:	
Spouse:	B P	Cherokee Lake Sailing Club Bettye Boggs PO Box 126 Whittier, NC 28789	
Children's given names if in	cluded for membershi	ip:	
Email address:	Phone Number:		
Sailboat Description: (Type, size, name)	Slip #:		

\* Individuals who do not have a sailboat may join as an "Associate Member."

\* Make check payable to Cherokee Lake Sailing Club

## **Club Purpose and Applicant Affirmation**

Cherokee Lake Sailing Club Inc. is a non-profit organization dedicated to the advancement of the sport of sailing in the Cherokee Lake Region through a program of education, racing, cruising, and family social activities.

I *(the applicant)* agree with the club objectives and will support them. I also, on behalf of myself and all members covered by this membership, hereby release Cherokee Lake Sailing Club Inc. from all liabilities resulting from activities of the club, either afloat or on property held by the club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application must be accompanied by payment for the type of membership being applied for. These funds will be used to support the above-stated objectives in the purchase and maintenance of club material, equipment, and facilities.

	Member Sponsor:	
FOR CLUB USE BELOW:		
CLSC Board:	Date:	
Comments:		