Membership Registration and Update



Type of Membership (ch	neck o	ne)		
O Yacht/Sailing Club O Community/Co-op Club Organization Informatio	co-op Club O Camp		O Affiliate OrganizationO Cruising/Power School	O Class Assoc. O Other
Organization Name		· · · · · · · · · · · · · · · · · · ·		
Mailing Address				
City/ Province				
Postal				
Phone				
E-mail				
Website				
	/Dlago	. Complete A	All Doggible)	
Organization Contacts (Pieas	e Complete A	an Possible)	
Sail Canada Contact/ Rep (all Name	organiz	ational types)	Phone: Res. ()	
Address City/Prov		 	Phone: Bus. () Fax ()	
Postal			E-Mail	
President/ Chair/ Commodore	(circle a	ppropriate title)		
			· · · · · · · · · · · · · · · · · · ·	
City/Prov			Fax ()	
Postal			E-Mail	
Secretary/ Treasurer (circle ap	propriat	e title)		
Name			Phone: Res. ()	
				
Postal			E-Mail	
Please Indicate the Services	and Fa	cilities You Offe	er if Applicable	
Boardsailing Facilities	Yes	No	Overnight Facilities/Guests	Yes No
Fuel Facilities	0	0	Powerboat Facilities	0 0
	_		•	
Name Address City/Prov Postal Secretary/ Treasurer (circle ap Name Address City/Prov Postal Please Indicate the Services Boardsailing Facilities	and Fa	e title) cilities You Offe	E-Mail Phone: Res. () Phone: Bus. () Fax E-Mail er if Applicable Overnight Facilities/Guests	