

BLUE WATER SAILING CLUB

MEMBERSHIP APPLICATION

(To be completed by applicant)

STEP 1: About Yourself

Applicant Information

Name (1):			
Name (2):			
Home Address:			Apt #:
City:	State:		Zip:
Home Phone:	Cell (1):	Cell (2):	
Fax:	E-Mail (1):	E-Mail (2):	

Seasonal Address:			Apt #:
City:	State:		Zip:
Telephone:	What Season(s)?		

Work Information

Name (1):		Occupation:	
Business Address:			
City:	State:		Zip:
Business Phone:		Business Fax:	

Name (2):		Occupation:	
Business Address:			
City:	State:		Zip:
Business Phone:		Business Fax:	

Family: List names and ages of Children & Grandchildren

Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>
Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>
Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>
Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>
Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>
Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>
Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>
Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>
Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>
Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>
Name:	DOB:	Child: <input type="checkbox"/>	Grandchild: <input type="checkbox"/>

Club Affiliations: List Yacht Club and Sailing Association Memberships

Name:	# of Years:
Name:	# of Years:
Name:	# of Years:
Name:	# of Years:
Name:	# of Years:
Name:	# of Years:

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BWSC Affiliations: Excluding Sponsor, list Blue Water Members with whom you are acquainted.

Name:	# of Years:
Name:	# of Years:
Name:	# of Years:
Name:	# of Years:
Name:	# of Years:
Name:	# of Years:

Tell Us About Your Boat

Yacht Name:	Hailing Port:
Manuf:	Class/Design:
Overall Length:	Length at Waterline (min 20'):
Rig:	Meets USCG Equip & Safety Reqmts: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Radio Call Sign:	MMSI #:

Tell Us Briefly About Your Sailing Experience and Interests

[Click here to enter text.](#)

I/We hereby apply for membership in Blue Water Sailing Club, Inc. and if elected agree to abide by the Constitution, By-Laws, and Racing Rules of the Club. I/We further affirm that the above information is correct.

(Type name as digital signature in space below)

Applicant Signature (1):	Date:
Applicant Signature (2):	Date:

STEP 2: Sponsorship

Please enter the names of your sponsor(s). Only a Primary Sponsor is required at this time. If you already have identified Seconding Sponsors, please enter their names as well.

Primary Sponsor:
Seconding Sponsor #1:
Seconding Sponsor #2:

THANK YOU FOR COMPLETING YOUR APPLICATION. YOU ARE ALMOST DONE.

Please e-mail this form to your Primary Sponsor who will:

- **Complete Step 3 providing a letter of recommendation**
- **Submit application to the Membership Chair**
- **Help to keep you informed on the status of your application**

**On behalf of all the members thank you again for your interest in Blue Water
BWSC Membership Chair**

BLUE WATER SAILING CLUB
PRIMARY SPONSOR RECOMMENDATION

(To be completed by Primary Sponsor)

Applicant Name(s):

STEP 3: Primary Sponsor Letter of Recommendation

NOTE TO SPONSORS

The applicant named above has petitioned for membership in Blue Water Sailing Club. In order to act on this petition, the applicant requires a letter of recommendation from a Primary Sponsor. The Primary Sponsor must be a Member of Blue Water Sailing Club in good standing.

As Primary Sponsor you are asked to please:

- **Complete this section of the application form with your letter of recommendation.**
- **Send the completed application to the Membership Chair at the e-mail address found in Step 5 below.**

Supplemental letters from other Members are helpful but not required. If necessary, the Primary Sponsor may arrange for the introduction of the applicant to the Membership Committee. Once an applicant is approved for Full or Transitional Membership, the Primary Sponsor is expected to mentor the new members as they become active in Blue Water. This mentoring may take the form of making introductions at events, extending personal invitations to attend Blue Water events, encouraging active participation through volunteerism, and other efforts intended to welcome the new member and get them involved in our Club.

Primary Sponsor Name:		Years in BWSC:	
Address:		Apt #:	
City:	State:	Zip:	
Telephone:	E-Mail:		

I am personally acquainted with the applicant(s) and believe, if accepted for membership In Blue Water, will enrich our sailing community and contribute to the spirit of volunteerism upon which the Club is founded. I recommend the applicant(s) without reservation.

(Type name below as digital signature)

Name:	Date:
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Letter of Recommendation

Describe your relationship to the Applicant in the space provided below. Provide any information that you feel important to assist the Membership Committee and the Board in making an informed decision about this candidate. For example: Tell us how long you have known the applicant. Is your relationship social or business? If children, do you know them? Have you ever been sailing with the applicant? Have you worked with the applicant in other organizations or volunteer efforts?

(Place cursor in the shaded area below, click and begin typing.)

[Click here to enter text.](#)

BLUE WATER SAILING CLUB

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SECONDING SPONSOR FORM

(To be completed by Seconding Sponsors)

Applicant Name:

STEP 4: Seconding Sponsors (if Seconding Sponsors not yet identified skip to step 5.)

Seconding Sponsor #1

Name:		Years in BWSC:
Address:		Apt #:
City:	State:	Zip:
Telephone:	E-Mail:	

I am personally acquainted with the applicant(s) and believe, if accepted for membership In Blue Water, will enrich our sailing community and contribute to the spirit of volunteerism upon which the Club is founded. I recommend the applicant(s) without reservation.

(Type name below as digital signature)

Name:	Date:
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Seconding Sponsor #2

Name:		Years in BWSC:
Address:		Apt #:
City:	State:	Zip:
Telephone:	E-Mail:	

I am personally acquainted with the applicant(s) and believe, if accepted for membership In Blue Water, will enrich our sailing community and contribute to the spirit of volunteerism upon which the Club is founded. I recommend the applicant(s) without reservation.

(Type name below as digital signature)

Name:	Date:
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Please save this file then e-mail the completed form to the Membership Chair by clicking on the link: (Hold Control Key and Click on link to open e-mail then attach Application) <mailto:mike@contractdecor.com> **We will begin the process described below for you. If you have any questions, please feel free to contact the Membership Chair.**

BLUE WATER SAILING CLUB
APPLICATION for MEMBERSHIP

STEP 5: Submit Application

Please save this file then e-mail the completed form to the Membership Chair by clicking on the link: (Hold Control Key and Click on link to open e-mail then attach Application) <mailto:mike@contractdecor.com> **and we will begin the process described below for you. If you have any questions, please feel free to contact the Membership Chair.**

The Membership Chair and Membership Committee will:

- Coordinate and assemble your completed application for review by the Membership team.
- Review the application and inform the applicant of their decision.
- Notify the Secretary who will send successful applicants a Welcome Letter, a Blue Water burgee and BWSC name tags.
- Initiate billing of applicable initiation fees and annual dues.
- Welcome successful applicants into the Club and assist in introducing the applicant to current members who may act as seconding sponsors, if required.
- Forward application to Sponsors and/or assist with introductions, if requested.
- Bring your application before the Board of Governors for approval at the next scheduled meeting.
- Assist applicant in any other way during the Membership Process and Transitional Membership period.