



**WEBSTER SAILING ASSOCIATION  
MEMBERSHIP APPLICATION**

- You must own a sailboat to join the Webster Sailing Association.
- Fundamental knowledge of sailing recommended.
- There is a 20 foot maximum length allowed.
- Family membership runs from April 1<sup>st</sup> to November 30<sup>th</sup>.
- Dues average ...first year \$302.00...each year after \$225.00 per year
- Insurance binder or \$100,000 required for liability. (Usually part of homeowners insurance)
- Mooring or dry sailing parking. (Based on availability)

DATE \_\_\_\_\_

NAME (print) \_\_\_\_\_

(signature) \_\_\_\_\_

SPOUSE / SIGNIFICANT OTHER \_\_\_\_\_

NAMES OF CHILDREN RESIDING WITH YOU, WITH AGES \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (home) \_\_\_\_\_

TELEPHONE (work) \_\_\_\_\_

E-MAIL ADDRESS(ES) \_\_\_\_\_

\_\_\_\_\_

YOUR OCCUPATION \_\_\_\_\_

WERE YOU REFERRED BY A WSA MEMBER? \_\_\_\_\_

IF YES, MEMBER'S NAME \_\_\_\_\_

HOW DID YOU HEAR ABOUT WSA? \_\_\_\_\_

**SAILBOAT(S) THAT YOU OWN:**

TYPE

LENGTH

**HULL:**

MONO / MULTI

**STORAGE PREFERENCE:**

MOORING / DRY SAILING

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(WSA PROVIDES DINGHIES FOR MOORING ACCESS, OR YOU MAY USE YOUR OWN)

NUMBER OF YEARS OF SAILING EXPERIENCE \_\_\_\_\_

HAVE YOU TAKEN SAILING LESSONS? \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

DO YOU HAVE ANY SAILBOAT RACING EXPERIENCE? \_\_\_\_\_

ARE YOU INTERESTED IN RACING AT THIS TIME? \_\_\_\_\_

SPECIAL SKILLS THAT MIGHT HELP THE W.S.A. \_\_\_\_\_

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PLEASE GIVE ANY ADDITIONAL INFORMATION YOU WISH TO FURNISH:

- THIS ASSOCIATION IS RUN BY A GROUP OF COMMITTEES. IF YOUR APPLICATION IS APPROVED YOU WILL BE REQUIRED TO SERVE ON AT LEAST ONE OF THESE COMMITTEES.  
PLEASE INITIAL FOR AGREEMENT \_\_\_\_\_
- EACH MEMBER AGREES TO ABIDE BY THE RULES AND BY – LAWS OF THE WEBSTER SAILING ASSOCIATION. INITIALS \_\_\_\_\_
- EACH MEMBER ACKNOWLEDGES THAT THE WEBSTER SAILING ASSOCIATION ASSUMES NO RESPONSIBILITY OR LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE WHILE ON WSA GROUNDS. INITIALS \_\_\_\_\_

PLEASE RETURN THIS APPLICATION TO:

MICHAEL TRAVERS  
Membership Committee  
16 SHARON AVE.  
AUBURN, MA 01501

Email: mtrvrs@yahoo.com