



*Membership Application of the  
USA Sailing Club*

Name (Last, First) \_\_\_\_\_ Middle In. \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student ID# \_\_\_\_\_ DOB (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Home phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

School Address \_\_\_\_\_  
\_\_\_\_\_

School phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_@\_\_\_\_\_

Weight \_\_\_\_\_ lbs

I am:  Junior  Senior

I am at the:

- MCOB     College of Allied Health Professions     College of Arts and Sciences  
 College of Education     College of Engineering     College of Medicine  
 College of Medicine     College of Nursing     School of Continuing Education  
and Special Programs

**Print this page out, fill in your information, and bring it to the meetings or email it to an officer.**