



Lake Monroe Sailing Association, Inc Membership Application

NAME _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

SPOUSE/PARTNER _____ CHILDREN _____

EMERGENCY INFORMATION

DATE OF BIRTH _____ SEX _____ HEIGHT _____ HAIR COLOR _____

MEDICAL CONDITIONS: MEDICATIONS _____ ALLERGIES _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

PRIMARY VESSEL INFORMATION

YEAR/MAKE/MODEL _____ OWNER OR CREW (circle one)

NAME OF BOAT _____ REGISTRATION # _____ COLOR _____

MEMBERSHIP FIRST TIME MEMBER \$80 _____ ANNUAL ASSOCIATE MEMBER \$80 _____

ANNUAL MEMBERSHIP \$150 _____ PAST MEMBER NOT CURRENT WITH DUES \$150 +

\$30 RE-INITIATION FEE \$180 _____ Associate Member:

Members not residing in a county NON adjacent to Seminole county or out of state members.
Each paid Membership constitutes ONE vote.

Annual Membership is renewable January 1 st .

APPLICATION SIGNATURE _____ DATE _____

**LAKE MONROE SAILING ASSOCIATION 531 North Palmetto Avenue
SANFORD, FL 32772 fla.lmsa@gmail.com**