

SAIL CONNECTICUT ACCESS PROGRAM

2024 INDIVIDUAL / FAMILY MEMBERSHIP FORM

Please print

Name: _____

Address: _____

Email: _____

Phone: _____

I enclose my membership dues:

\$ 45.00

I would like to make a donation:

\$ _____

I enclose my check for:

\$ _____

YOUR MEMBERSHIP ENTITLES YOU AND ACCOMPANYING PERSONS TO SAIL THROUGH THE SEASON AS LONG AS BOATS AND SKIPPERS ARE AVAILABLE

NOTE: WE ARE A 501 (C) (3) NON-PROFIT: YOUR DONATION MAY BE TAX DEDUCTIBLE

Make check payable to: "Sail CT Access"

Mail to: SCA c/o Debra Ballou

1 Riverside Court, Guilford CT 06437

Emergency Contact (someone Not sailing with you)

Name _____

Phone _____

YOU MUST COMPLETE RELEASE OF LIABILITY ON BACK OF THIS FORM