

**Sailing Association of Marco Island "SAMI"**

**Membership Application**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Are you a full-time resident? Yes / No If "No," Please circle the months you are here: J F M A M J J A S O N D

Other Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you own a boat(s)? Yes/ No Sail \_\_\_\_\_ Power \_\_\_\_\_

Make and rig of boat: (1) \_\_\_\_\_ Boat Name: (1) \_\_\_\_\_

Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Draft: \_\_\_\_\_ Sail #: \_\_\_\_\_ PHRF Rating: \_\_\_\_\_

Make and rig of boat: (2) \_\_\_\_\_ Boat Name: (2) \_\_\_\_\_

Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Draft: \_\_\_\_\_ Sail #: \_\_\_\_\_ PHRF Rating: \_\_\_\_\_

Interested In: Yes /No Racing \_\_\_ Cruising \_\_\_ Crewing \_\_\_

Other Specify: \_\_\_\_\_

Indicate your interest participating in one or more of these committees:

Program Development \_\_\_ Sailing Safety & Education \_\_\_ Hospitality/Mentoring \_\_\_ Telephone Liaison \_\_\_

Membership Development \_\_\_ Publicity \_\_\_ Advertising \_\_\_ Race Committee \_\_\_ Ship's Store \_\_\_

Do you have the skills to serve as: Auditor \_\_\_ Legal Advisor \_\_\_ Historian \_\_\_ Parliamentarian \_\_\_

Photographer \_\_\_ Website Administrator \_\_\_ Newsletter Editor \_\_\_

Other interests:

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

If you have a favorite picture that you would like used for our membership roster, send a digital Image to:  
[maryleecale@yahoo.com](mailto:maryleecale@yahoo.com)

Membership Dues: \$75 (Mandatory) \* Club Burgee \$25 (Optional)

Please return this completed membership application along with a check in the appropriate amount to:

SAMI, P.O. Box 61, Marco Island, FL 34146.