

POTOMAC RIVER SAILING ASSOCIATION MEMBERSHIP APPLICATION: 2009

(April 2009 through March 2010)

Please complete, sign and send your check as soon as possible
or provide the data and pay online at <http://www.potomacriversailing.org>

Name: _____
(First) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone: Home (_____) Work (_____) _____

E-Mail Address _____ or Fax (_____) _____

Boat Class * (1) _____ Sail Number _____

Boat Class (2) _____ Sail Number _____

* Class - For example, Albacore, Hampton, Lightning, etc

MEMBERSHIP DUES

- Skipper Multi Renewal** (Entering a multi-person boat for racing) **\$90.00**
- Skipper Multi New** (Not a PRSA member before 2005) **\$65.00**
- Skipper Single** (Entering only a single-handed boat for racing) **\$60.00**
- Associate Member** (Open to non-boat owners and crew) **\$25.00**
- Junior Skipper** (Open to those under 18 or full-time students) **\$25.00**
- Life Member** **\$900.00**
- Current Life or Honorary Member**
- Commodore's Club** (\$25 or more suggested) \$____.00
(Donation above the regular membership dues to assist the Club with major purchases)

TOTAL \$ _____

Make your check payable to "**PRSA.**" Send payment with this statement to:
Yates Dowell, III, Suite 220, 103 Oronoco St, Alexandria, VA 22314

WAIVER OF RESPONSIBILITY

On behalf of myself and crew, I, _____, agree to abide by the regulations and sailing instructions of the Potomac River Sailing Association (PRSA) when participating in any event sponsored or conducted by PRSA or any of its member fleets. In consideration for being permitted to enter any such event and for being accepted into membership in PRSA, and being knowledgeable of the risks of competitive sailing, and knowing that it is my sole responsibility to decide whether to enter or continue in any race, I voluntarily assume all risks associated with participation in such events hereby release PRSA, its fleets and officers and the people conducting the event from any liability in connection with any injury or damage that may occur.

Signature _____ Date _____

Associate Membership for your crew

I have enclosed an additional \$25.00 (see other side) to make my regular crew a PRSA associate member. Here is my crew's information:

Crew's Name: _____
(First) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone: Home (_____) Work (_____)

E-Mail Address _____ or Fax (_____)

Crew's Name: _____
(First) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone: Home (_____) Work (_____)

E-Mail Address _____ or Fax (_____)

SUGGESTIONS:

Please feel free to use the provided space to suggest any ways to improve the operations and activities of PRSA:
