



# SINGLEHANDED SAILING SOCIETY

## 2006 MEMBERSHIP APPLICATION

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

YES, I have web access, not an issue!

Boat Name: \_\_\_\_\_ Sail Number: \_\_\_\_\_

Boat Model: \_\_\_\_\_ CF/Doc Number: \_\_\_\_\_

Waterline Length: \_\_\_\_\_ Displacement: \_\_\_\_\_

PHRF/MPHRF Rating: \_\_\_\_\_

Type of Rig: \_\_\_\_\_ Length on Deck: \_\_\_\_\_

Hull Color: \_\_\_\_\_ Deck Color: \_\_\_\_\_

Year Built: \_\_\_\_\_ Yacht Club (optional): \_\_\_\_\_

Where Berthed (marina and slip #): \_\_\_\_\_

**NOTE: To race, a current PHRF/MPHRF Certificate is required. Please enclose a copy.**

**SSS TRANSPAC ASPIRATIONS:**

\_\_\_ Next Time! \_\_\_ Someday!

**WOULD YOU LIKE TO BE AN SSS OFFICER?**

- \_\_\_ Vice Commodore/Race Chair
- \_\_\_ Race Information Officer
- \_\_\_ Treasurer
- \_\_\_ YRA Delegate

**LONGPAC ASPIRATIONS:**

\_\_\_ Next Time! \_\_\_ Someday!

**WOULD YOU LIKE TO VOLUNTEER FOR THE SOCIETY?**

- \_\_\_ Transpac/Longpac Committee
- \_\_\_ Other Race Committee (please also send in the RC sheet!)
- \_\_\_ Newsletter
- \_\_\_ General – Ideas for trophies, speakers, etc.

### MEMBERSHIP RATES

Dues cover all Bay and Coastal race entry fees for the calendar year January 1 through December 31, 2006;  
you must also complete an entry form for **each** race.

Select your membership category and enclose a check payable to **Singlehanded Sailing Society**.

\$110.00 – Membership

\$135.00 – Membership including YRA Fee if racing HDA, OYRA, ODCA etc. as an SSS Member

\_\_\_\_\_ CHECK NUMBER ON CHECK ENCLOSED