



NEW MEMBER APPLICATION QUESTIONNAIRE

DATE: _____

NAME: _____ AGE: _____

SPOUSE/PARTNERS NAME: _____

NAMES, AGES OF FAMILY MEMBERS WHO ARE ELIGIBLE TO USE CSF BOATS:
(must be 18+ years of age and have been checked out and qualified by our instructor)

ADDRESS: Street: _____ Town: _____ State: _____ Zip Code: _____

PHONE# (Cell): _____ EMERGENCY CONTACT NAME & CELL#: _____

EMAIL ADDRESS: _____

TYPE OF MEMBERSHIP (i.e.: full week, weekday, senior): _____

COMMITTEES: check as many as you are willing to participate in. All members must work on at least one committee.

Kayak Maintenance Sailboat Maintenance
 Membership & Community Relations Finance & Business Operations

BOATING EXPERIENCE: please provide information about your boating experience and qualifications:

Years of Kayak experience _____ Type of boats and areas, e.g., lake, ocean, river

Years of sailing experience Racing Cruising/recreational _____ Type of boats

Have a CT Safe Boating Certificate _____ Date Issued _____ Number

Have experience with boat maintenance _____ Type of experience, e.g., repair, cleaning, etc.

Other relevant experience _____ (technology, finance, data, carpentry, etc.)

Memberships in other clubs _____ Position _____ (member, officer)



Community Sailing of Fairfield

REASONS FOR JOINING CSF:

Sailing Kayaking

Learning to sail Learning to kayak

Social events _____ Other reasons

COVID-19 REGULATIONS: I confirm that I have read the CSF Covid-19 Social Distancing regulations for:

Sailing Kayaking

HOW DID YOU HEAR ABOUT CSF: _____

APPLICANT SIGNATURE: _____

PRINT NAME: _____