



# WOMEN'S OCEAN RACING SAILING ASSOCIATION

## MEMBERSHIP APPLICATION

P.O. Box 2403  
Newport Beach, CA 92663


Member of Southern California Yachting Association and Association of Orange Coast Yacht Clubs

**NEW**  **RENEWAL**

- Annual Dues \$50.00
- RBOC (optional) \$20.00
- Name Tag (optional) \$15.00



*If you would like to order a nametag, please fill out sample here. You may put your vessel name, club affiliation, or whatever you like on the second line.*



(Name) \_\_\_\_\_

(Vessel/Title) \_\_\_\_\_

**WOMEN'S OCEAN RACING SAILING ASSOCIATION**

### Welcome to WORSA

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Phone (hm): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Phone (bus): \_\_\_\_\_ Fax: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

May we publish the above in the WORSA Roster and the Whistle?  Yes  No

If you would like only partial information above published, please write "yes" next to those items.

Indicate your experience level (1 = novice; 10 = expert)

- 1  2  3  4  5  6  7  8  9  10

I am primarily a  racer  cruiser. Crew position(s) preferred: \_\_\_\_\_

Overall Sailing Experience:  1-5 years  5-10 years  10+ years

What type of sailing interests you most?  racing  cruising  day sailing  all types

Comments: \_\_\_\_\_

Do you own a boat?  Yes  No

If yes, what type: \_\_\_\_\_ Name: \_\_\_\_\_

If no, do you have access to a boat?  Yes  No

If yes, what type: \_\_\_\_\_ Name: \_\_\_\_\_

Types of boats you sail most often? \_\_\_\_\_

Other club affiliations? \_\_\_\_\_

Your Membership Includes: Card, Roster, Monthly Newsletter (The Whistle), Monthly Meetings.

Make check payable to WORSA and mail to: Membership Director, PO Box 2403, Newport Beach, CA 92663

WAIVER: I acknowledge that I am applying for membership in WORSA and agree to waive any and all claims that may arise against WORSA, as well as its officers, directors, and committee chair persons, and agree to hold harmless for any liability whatsoever for any accident or injury to myself or my person or any property while participating in any of WORSA's functions.

\_\_\_\_\_  
Signed