



Carlyle Sailing Association

Philippi Harbor, Eldon Hazlet State Park
Carlyle Lake, Illinois
www.csa-sailing.org

MEMBERSHIP APPLICATION

APPLICANT INFORMATION (Please print clearly):

Your Name _____

Spouses
Name _____

Address

City _____ State _____ Zip _____

Phone #'s: (H) _____ (W) _____ (M) _____

E-mail 1: _____ E-mail 2: _____

CSA's newsletter, Marks, is sent out monthly via email. Do you also want a copy by mail? Y N

CSA MEMBERSHIP FEE:

PRIMARY MEMBERSHIP: \$ **630.00**

Enter Your Work Hour Credit Amount: \$ _____

Enter amount of Total Fee less Work Hour Credit Amount \$ _____

SAILBOAT INFORMATION

Class: _____ Sail #: _____

Illinois Registration #: _____

For additional boats please fill out Additional Boat section (see last page)

EVIDENCE OF INSURANCE: Each owner shall possess liability insurance to cover damage to other boats or injury to persons. Limits of liability must be a **minimum** of \$25,000 for individuals, \$50,000 for aggregate and \$10,000 for property damage.

Ins. Company _____ Policy # _____

RACING ASSOCIATE MEMBERSHIP FEE: (\$100/year)

Allows individuals who own a cabin boat based at another harbor to participate in CSA's Cabin Fleet race program, be scored and be eligible for trophies, to be listed in the CSA Directory and receive the CSA monthly newsletter.

\$ _____

FRIEND MEMBERSHIP FEE: (\$50/year)

Allows individuals the ability who are not Primary members or RA's to participate in CSA social functions and Jr. Sailing, to be listed in the CSA Membership Directory, and to receive the monthly CSA newsletter.

\$ _____

JUNIOR SAILING ASSOCIATE FEE: (\$50/year)

A Junior Associate is eligible to keep a Laser, Sunfish or Opti at CSA and participate in the CSA Racing Program. Junior Members must not be older than 20 years of age as of 5/1/2008 and a full time student.

Junior's Age: _____ Date of Birth: _____

\$ _____

CARLYLE LAKE ASSOCIATION (CLA) MEMBERSHIP FEE: (\$10/year)

CLA is an organization dedicated to the interests of all who benefit from the lake via sailing, power boating, farming, hunting, camping and fishing. Membership is optional.

\$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Make checks payable to Carlyle Sailing Association.

FINE PRINT: I verify that the information on this form is correct and that I own the boat(s) listed above and that I have the insurance required and Illinois Registration. (Only ONE boat owner is permissible on CSA forms.) I will acquaint myself with the Carlyle Sailing Association Rule Book (available online). I will abide by these rules. I will be responsible for the conduct of my guests on the premises. Additionally, I will not transfer, assign, loan or sub-lease my space to another person and I will notify the Vice Commodore immediately if I permanently vacate my space.

Signature: _____ Date _____

SEND APPLICATION AND CHECK TO:

**CARLYLE SAILING ASSOCIATION
DAVID CROSBY, VICE COMMODORE
40 SHADOWRIDGE DR.
ST. PETERS, MO 63376**

