



Lake Michigan Sail Racing Federation

1245 West Gull Lake Drive | Richland, MI 49083
 312.857.6640 T | 786.358.3605 F
 lakemichigansrf@gmail.com
 www.lmsrf.org

2012 YACHT CLUB MEMBERSHIP APPLICATION

YACHT CLUB INFORMATION

Legal Name of Organization:

Current address:

City:	State:	ZIP:
Phone: ()	E-mail:	Fax: ()
Indicate if your club has a building: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> None		Club's LMSRF Area: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
# Members:	# Sail Boats:	# Boats that Race:
Club Web Page URL:		Annual Dates of Club Operation:
		Is your Club a Member of US Sailing? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMODORE INFORMATION

2012 Commodore Name:

Mailing Address:		LMSRF Rep: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, then who?)
City:	State:	ZIP:
Work Phone: ()	Cell Phone: ()	Home Phone: ()
E-mail:		Fax: ()

CLUB CONTACTS

Club Manager:

Address:		
City:	State:	ZIP Code:
Work: ()	Cell: ()	Fax: ()
E-mail:		

Secretary:

Address:		
City:	State:	ZIP Code:
Work: ()	Cell: ()	Fax: ()
E-mail:		

Newsletter Editor:

Address:		
City:	State:	ZIP Code:
Work: ()	Cell: ()	Fax: ()
E-mail:		

Youth Program Chair:

Address:		
City:	State:	ZIP Code:
Work: ()	Cell: ()	Fax: ()
E-mail:		

How many Youth are in your program? _____ Does your Youth Program operate as a separate corporate entity? Yes No

What kind(s) of boats are used & how many of each?

Offshore Program Chair:			
Address:			
City:	State:	ZIP:	
Work: ()	Cell: ()	Fax: ()	
E-mail:			
Do you have Offshore distance races? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Offshore course races? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Offshore Beer Can races? <input type="checkbox"/> Yes <input type="checkbox"/> No	What night do you have Beer Can races?
One Design Chair:			
Address:			
City:	State:	ZIP:	
Work: ()	Cell: ()	Fax: ()	
E-mail:			
ACTIVE FLEETS			
Fleet:		# of Boats:	
Fleet Captain:		Email:	
Work: ()	Cell: ()	Fax: ()	
Fleet:		# of Boats:	
Fleet Captain:		Email:	
Work: ()	Cell: ()	Fax: ()	
Fleet:		# of Boats:	
Fleet Captain:		Email:	
Work: ()	Cell: ()	Fax: ()	
<i>For additional fleets, please attach an additional sheet of paper with complete information.</i>			
Protest Committee Chair:			
Address:			
City:	State:	ZIP:	
Work: ()	Cell: ()	Fax: ()	
E-mail:			
Race Committee Chair:			
Address:			
City:	State:	ZIP:	
Work: ()	Cell: ()	Fax: ()	
E-mail:			
MEMBERSHIP TYPE			
We, the members of the above named club, hereby apply for membership in the Lake Michigan Sail Racing Federation.			
<input type="checkbox"/> Sponsoring Yacht Club Membership		\$150.00	
<input type="checkbox"/> Associate Yacht Club Membership <i>(for school affiliated, community sponsored, and/or incorporated youth programs)</i>		\$75.00	
SIGNATURE OF CLUB OFFICER			
SIGN HERE X			
PAYMENT			
<input type="checkbox"/> Check (Check # _____) Make check payable to "Lake Michigan Sail Racing Federation"			

RACE INFORMATION: Please provide a brief description, including participant requirements, types of boats included (Offshore, One Design classes, etc.), ratings used, entry deadline and race dates for any events, regattas, seminars, etc., which your organization will be sponsoring in 2012 that will be open to non-members. We will publish that information on our website www.lmsrf.org to promote more participation in your club's events. You may email (preferred) this information to lakemichigansrf@gmail.com or include additional sheets with your application.