

PACIFIC SINGLEHANDED SAILING ASSOCIATION

Member: United States Sailing Association, Southern California Yachting Association, and Association of Santa Monica Bay Yacht Clubs.

Application for Regular Membership

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone (Day) _____ Secondary Phone _____

E-mail _____

Yacht Name _____

Make/Model _____ LOA _____

Rated by _____ Rating _____ Sail Number _____

Home Port (Mark one): Santa Barbara, Ventura, Channel Islands, Marina del Rey, Redondo Beach, San Pedro, Long Beach, Alamitos Bay, Huntington Harbor, Newport Beach, Dana Point, Oceanside, Mission Bay, San Diego, Other _____

I understand that PSSA is a nonprofit educational organization dedicated to advancing the interests, skills, and fitness of the short-handed sailor by education, the exchange of ideas and experiences, evaluation of techniques and equipment, and by conducting singlehanded & doublehanded sailing events and appropriate social activities.

Dues for regular members are \$100.00 per year. There is an additional fee of \$20.00 for processing new members. Please mail this completed application and a check for \$120.00 (payable to PSSA) to:

PSSA,
P.O. Box 9523,
Marina del Rey, CA, 90295.

Applicant Signature _____ Date _____