

# 20 \_\_ \_ EASTERN SHORE SAILING ASSOCIATION

EASTERN SHORE SAILING ASSOCIATION  
P.O. BOX 374, SALISBURY, MD 21804

New Application - Sponsor(s) \_\_\_\_\_

Renewal

Renewal w/ no change since last year *(only fill in name and dues/race fees)*

Name \_\_\_\_\_

Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers (H) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ESSA Fleet  Choptank  Tangier

Yacht Name \_\_\_\_\_

Sail Number \_\_\_\_\_ Length \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_

Builder \_\_\_\_\_ Home Berth \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Available to crew?  Yes  No  Choptank Fleet  Tangier Fleet

<b>Fees:</b> Single Membership Annual Dues <i>(Paid by March 22<sup>nd</sup>)</i> .....	\$30	_____
Single Membership Annual Dues <i>(Paid after March 22<sup>nd</sup>)</i> .....	\$40	_____
Family Membership Annual Dues <i>(Paid by March 22<sup>nd</sup>)</i> .....	\$45	_____
Family Membership Annual Dues <i>(Paid after March 22<sup>nd</sup>)</i> .....	\$55	_____
Racing Fee (Attach Racing Application) .....	\$50	_____

**Note:** New members and members rejoining after an absence of more than one year do not pay late fees.

To renew your ESSA membership or become an ESSA member, please complete this application and return it to the address listed above, along with your membership fees. All ESSA members will receive the ESSA newsletter, the TELLTALE, by email. Additional racing application required for entering a racing boat.

**DISCLAIMER:** I agree to abide by the regulations and sailing instructions of ESSA. In consideration of being permitted to race in ESSA regattas, being knowledgeable of the risks of competitive sailing, and knowing that it is my sole responsibility to decide whether to enter or to continue a race, I voluntarily assume the risk of participation in the events and release ESSA and the people conducting the events from all liability in connection with any injury or damage that might occur.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to ESSA.**