



DATE RECEIVED

____/____/____

SAIL la VIE

The sailing club with a social flair!
MEMBERSHIP APPLICATION

Membership is open to individuals, age 21 years or older.

PLEASE PRINT CLEARLY – THIS INFORMATION WILL BE USED TO MAIL OR E-MAIL ANNOUNCEMENTS.

CHECK ONE:

- NEW MEMBER \$65
- RENEWAL \$65
- OTHER (Dates/Amount) _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

MOBILE PHONE:** (____) _____ E-MAIL: ** _____

PREFERRED METHOD OF CONTACT (Circle One): E-Mail Mobile Home # Work #

BIRTH DATE (month/day): _____ BOAT OWNER? NO _____ YES _____

BOAT NAME: _____ MAKE/MODEL/LENGTH: _____

MARINA: _____ PIER/SLIP: _____

This information is not for solicitation, disclosure or for commercial use. Your contact information will be included in the Sail la Vie members only directory unless you opt out of the directory. Opt Out _____

SAILING SKILL LEVEL (Check One): Beginner Intermediate Advanced

HOW DID YOU HEAR ABOUT SAIL LA VIE? _____

PLEASE INDICATE AMOUNT PAID AND METHOD OF PAYMENT _____

WAIVER OF LIABILITY

I, the undersigned, in consideration of acceptance of my application to participate in the activities of *Sail La Vie*, Inc. (SLV) for myself, my heirs, executors, assigns and administrators, do hereby RELEASE and DISCHARGE the corporation known as SLV and all other individual members, agents, servants, and all persons, natural or corporate, including but not limited to the corporation's skippers, crew, board members, organizers and any others who are in any way connected with these activities from any and all claims of damage, injury, demands or causes of action whatsoever in any manner arising out of my participation in these events. I verify that I have full knowledge of and assume all risks involved in participating in these events and I verify that I am physically fit to participate in said events. I further verify that I will not possess, hold or consume any illegal or contraband substance(s) while in direct participation in any SLV activities or aboard any vessel, which has been chartered for a SLV activity.

MY SIGNATURE VERIFIES THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE STATEMENT.

SIGNATURE: _____ DATE: _____

Application may be mailed to: Sail la Vie, Inc. 5090 Richmond Avenue #286, Houston TX 77056

Application may be E-mailed (scanned signed copy) to: slv.treasurer@gmail.com