

Membership Form 2010

Clinton Lake Sailing Association

(Complete, print, and send with check to address below)

Personal Information		
Full Name:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Street Address:		Unit #:
City:	State:	ZIP Code:
Home Phone: ()	Alternate Phone: ()	
E-mail Address:	Additional E-mail:	
Family Members: <i>(Optional: Include ages of children)</i>		
Boat Information		
Boat 1 make name	Boat 3 make name	
Boat 2 make name	Boat 4 make name	
Membership Levels		
<i>(Check payable to "CLSA Membership"):</i>		Send form and check to:
Family	\$85	CLSA Membership c/o Bill Vokac P.O. Box 654 Mansfield, IL 61854-0654
Individual	\$65	
Student	\$25	
Special Group	\$150	