

BLUE VALLEY YOUTH SAILING FOUNDATION, INC

FAMILY MEMBERSHIP APPLICATION

I hereby apply for membership for myself and my family in the Blue Valley Youth Sailing Foundation and provide the following information. I agree that the Blue Valley Youth Sailing Foundation may from time to time send me information regarding its activities. I can request to be removed from its mailing list at any time.

Adult's Name _____

Adult's Name _____

Child's Name _____ **Age:** _____

Child's Name _____ **Age:** _____

(List additional family members on the back)

Address _____
(street)

(city, state, zip code)

Home Phone: _____

Cell Phone: _____

Email: _____

2021 Membership fee: \$10.00 Paid () Yes () No

Member's signature

Date