



## Membership Application (Please Print)

Name:		
Street Address:		
City:	State:	Zip Code:
Home Phone: ( )	Mobile Phor	ne: ( )
Email Address:		
Do you know of any young adulinterested in Sailing as part of a		Hingham within grades 8-12 that may be
		n Sail Nantasket? Yes No Fundraising Event Staff
Do you wish to receive the news (Additional correspondence regarding		
Membership Donation Informa	ation	
Single Membership: \$25.00		
Family Membership \$40.00		
Please Make Checks Payable	to: Sail Nantasket	Total Due: \$
Mail Check with Completed A	pplication to: Sail Nantask	ket, P.O. BOX 200, Hull, MA 02045
Additional Family Member Inf If purchasing a family membership, p		
Member #2:		
Member #4:		
Member #5:		