

# SINGLEHANDED SAILING SOCIETY

## MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

YES, I have web access, not an issue!

Boat Name: \_\_\_\_\_ Sail Number: \_\_\_\_\_

Boat Model: \_\_\_\_\_ CF/Doc Number: \_\_\_\_\_

Waterline Length: \_\_\_\_\_ Displacement: \_\_\_\_\_

PHRF/MPHRF Rating: \_\_\_\_\_

Type of Rig: \_\_\_\_\_ Length on Deck: \_\_\_\_\_

Hull Color: \_\_\_\_\_ Deck Color: \_\_\_\_\_

Year Built: \_\_\_\_\_ Yacht Club (optional): \_\_\_\_\_

Where Berthed (marina and slip #): \_\_\_\_\_

***NOTE: To race, a current PHRF/MPHRF Certificate is required. Please enclose a copy.***

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### SSS TRANSPAC ASPIRATIONS:

\_\_\_ Next Time! \_\_\_ Someday!

### LONGPAC ASPIRATIONS:

\_\_\_ Next Time! \_\_\_ Someday!

### WOULD YOU LIKE TO BE AN SSS OFFICER?

\_\_\_ Vice Commodore/Race Chair

\_\_\_ Race Information Officer

\_\_\_ Treasurer

\_\_\_ YRA Delegate

### WOULD YOU LIKE TO VOLUNTEER FOR THE SOCIETY?

\_\_\_ Transpac/Longpac Committee

\_\_\_ Other Race Committee (please also send in the RC sheet!)

\_\_\_ Newsletter

\_\_\_ General – Ideas for trophies, speakers, etc.

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### MEMBERSHIP RATES

Dues cover all Bay and Coastal race entry fees for the calendar year January 1 through December 31; you must also complete an entry form for **each** race.

Select your membership category and enclose a check payable to **Singlehanded Sailing Society**.

\$110.00 – Membership

\$135.00 – Membership including YRA Fee if racing HDA, OYRA, ODCA etc. as an SSS Member

\_\_\_\_\_ CHECK NUMBER ON CHECK ENCLOSED

Singlehanded Sailing Society, PO Box 457, Alameda, CA 94501  
[www.sfbaysss.org](http://www.sfbaysss.org)