

**SINGLEHANDED SAILING SOCIETY**  
**2005 MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Send results and newsletters via USPS (I don't have web/email access).

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

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

Type of Rig: \_\_\_\_\_ Displacement: \_\_\_\_\_

Waterline Length: \_\_\_\_\_ Length on Deck: \_\_\_\_\_

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

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

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

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

**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

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