

## ***Naval Academy Sailing Squadron Membership Application***

I request to be considered for membership in the United States Naval Academy Sailing Squadron (NASS) and understand that sailing experience is not a prerequisite for NASS membership. The primary objective of NASS is to support the Naval Academy Sailing Program, which plays a key role in the education and training of midshipman. The program provides challenging opportunities for midshipmen to learn seamanship, exercise leadership, and assume responsibility in a demanding environment preparing them for service in the fleet as junior officers. I understand that my membership status, upon acceptance and payment of initial dues, will be as a *Supporting Member* and can be upgraded to be a *Participating Member* upon proper qualification and certification by one of the Navy Sailing Program Directors. Qualification requirements include attending training sessions, both classroom and on the water, and passing a qualification exam. Because of increased midshipman participation in sailing programs, recreational sailing by NASS members is limited.

### **Personal Data:**

Title: Mr.    Mrs.    Ms.    Dr.    Military Rank: \_\_\_\_\_ Branch of Service: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ First Name: \_\_\_\_\_  
Nickname/Preferred Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Mobile/Cell Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
Email Address: \_\_\_\_\_

### **I am willing to have the following information printed in the NASS Membership Year Book.**

Address      Home Phone      Office Phone      Cell Phone      Email

### **Primary sailing experience.** (Briefly list years, type boat, position onboard, days underway, offshore/inshore, etc.)

---

---

---

### **Primary racing or race committee experience.** (List regatta, type of boat/class, your position, etc.)

---

---

### **Boat(s) currently owned:** \_\_\_\_\_

### **Please indicate one or more areas in which you would like to participate.**

Racing Coach (VOST)                  Teaching Coach (CSNTS)                  Intercollegiate Dinghy  
Race Committee      Social Committee      Housing Visiting Teams      Have Race Support Boat  
Other (*Please comment.*) \_\_\_\_\_

### **Complete this application form online - then print it, sign and date below.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Please enclose a check made out to 'NASS' for your initial dues of \$50<sup>00</sup> and mail to:**

**Naval Academy Sailing Squadron  
Attn: Membership  
Robert Crown Sailing Center  
Annapolis MD 21402-5043**