



## Student Membership Application Form

**Please Enter Your Information:**

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

**UCD ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**UCD E-mail:** \_\_\_\_\_

**Primary E-mail:** \_\_\_\_\_

**Other Boats:** \_\_\_\_\_  
*(Format: Year, Type, Sail #, Hull # (CF #). Put additional boats on back of form)*

**Car:** \_\_\_\_\_  
*(Format: Year, Make, Model & License Plate. Put additional cars on back of form)*  
**(NOTE: You must have a car for each sticker you want.)**

Note: The membership fee is rated quarterly.

Fall:	\$10.00
Winter:	\$10.00
Spring:	\$10.00
Summer:	\$10.00

**Membership Fee:** \$ \_\_\_\_\_

**Membership Fee:** \$ \_\_\_\_\_

**Key Deposit:** \$ \_\_\_\_\_

**Car Stickers: (\$3 each – first is free)** \$ \_\_\_\_\_

**Total Payment:** \$ \_\_\_\_\_

Note: In addition to your fees, all members are required to perform 4 hours of volunteer each quarter. Failure to fulfill the hour requirement will result in a fee of \$10.00 per hour not worked.

**Disclaimer:** I, \_\_\_\_\_, hereby agree to release Lake Washington Sailing Club, its members, officers and employees, the Port of Sacramento, the other licensed peninsula clubs, their officers, members and employees, or representatives from all liability by reason of injury to myself or to my family or guests; and also any damage to my boat or belongings or to those of my family or guests while on land or upon the waters of Lake Washington.

**Prospective Member:** \_\_\_\_\_  
 Signature Date

**Sponsor:** \_\_\_\_\_  
 Printed Name Signature Date

**Mail To:**  
**P.O. Box 980546**  
**West Sacramento, CA 95798**

Official Use Only:	
Cash Received: \$ _____	Gate Key: _____
Check Received: \$ _____ Check #: _____	Car Sticker #1: _____
Person Receiving: _____	Car Sticker #2: _____
Voted on date: _____	Car Sticker #3: _____