



# Oregon Womens Sailing Association

## Membership Application

www.owsa.net

**Membership Fee \$25**  
**Complete, Sign and Mail to:**  
 Oregon Womens Sailing Association  
 PO Box 17615  
 Portland OR 97217

**Confirm your name, address, phone and email information?**

Membership Payment Date \_\_\_\_\_ Check # \_\_\_\_\_ Phone Type \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Profession \_\_\_\_\_

Do not Email Broadcast  (If checked you will not receive email regarding OWSA events) Receive Newsletter via: \_\_\_\_\_ (Email or USPS)

**The following questions will build our database to serve you better.**

How did you hear about OWSA? \_\_\_\_\_ If you are renewing when did you first join OWSA \_\_\_\_\_

**Are you a member of other sailing associations or yacht clubs ? Have you served on the OWSA Board or as an OWSA Officer in the past?**

Organization	Relationship	Office	Term Start	Term End

**Do you own a boat?**

Boat name \_\_\_\_\_ Boat make \_\_\_\_\_ Boat Size \_\_\_\_\_ Moorage \_\_\_\_\_

I would like to be assigned a Sailing Sister.  I would like to be a Sailing Sister to a New Member.

Sailing Sister Program runs April - October

**What are your sailing interests?**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Beer Can Racing    | <input type="checkbox"/> Coastal Cruising     | <input type="checkbox"/> Off Shore Racing        | <input type="checkbox"/> Weekend Cruising |
| <input type="checkbox"/> Blue Water Sailing | <input type="checkbox"/> Crew                 | <input type="checkbox"/> Racing                  |   |
| <input type="checkbox"/> Boat Maintenance   | <input type="checkbox"/> Day Sailing          | <input type="checkbox"/> Skipper                 |   |
| <input type="checkbox"/> Bouy Racing        | <input type="checkbox"/> Long Distance Racing | <input type="checkbox"/> Teaching Others to Sail |   |
| <input type="checkbox"/> Classes            | <input type="checkbox"/> Navigation           | <input type="checkbox"/> Wednesday Night Sailing |   |

**Interests/Volunteer Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are your volunteer interests?**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Boat Show      | <input type="checkbox"/> Membership  |
| <input type="checkbox"/> Committee Boat | <input type="checkbox"/> Merchandise |
| <input type="checkbox"/> Cruising       | <input type="checkbox"/> Newsletter  |
| <input type="checkbox"/> Education      | <input type="checkbox"/> Publicity   |
| <input type="checkbox"/> Galley         | <input type="checkbox"/> Racing      |

**What are your volunteer skills?**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Sail For The Cure | <input type="checkbox"/> Accounting/Bookkeeping  | <input type="checkbox"/> Event Planning               | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Social            | <input type="checkbox"/> Boat Repair             | <input type="checkbox"/> Mentorship/Leadership        |  |
| <input type="checkbox"/> Website           | <input type="checkbox"/> Cooking                 | <input type="checkbox"/> Sewing                       |  |
|  | <input type="checkbox"/> Data Entry              | <input type="checkbox"/> Teaching/Training/Adult Educ |  |
|  | <input type="checkbox"/> Database Mgmt or Design | <input type="checkbox"/> Web Design/Development       |  |

**How can OWSA help in the next step of your sailing life?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank You!**

Release, Hold Harmless and Assumption of Risk. For and in consideration of participation in OWSA events, I hereby release and hold harmless Oregon Women's Sailing Association (OWSA), its agents, employees, instructors, volunteers or other persons acting for or on behalf of OWSA, and the owner and skipper of any boat involved in OWSA sponsored events from any and all claims of liability for property damage or bodily injury, including death, arising in any manner from my participation in OWSA sponsored events. I expressly understand that participation in OWSA sponsored events and any related boating and non-boating activities, inherently involves hazards and risks of injury to person and property. I further understand that participation in OWSA sponsored events may involve periods of strenuous activity. I hereby affirm that I have no physical or medical conditions which prevent or limit my ability to engage in these activities. It is my intent to willingly assume all of these risks, known and unknown, and to absolve and hold harmless OWSA and its agents from liability for these risks.

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