



**Society for the Education of American Sailors**

P. O. Box 892, White Plains, NY 10602  
(914) 631-4164

Name _____	Home Phone _____
Address _____	Work Phone _____
_____	Cell Phone _____
_____	E-Mail Address _____

**2006 Membership Invoice**

Please answer ALL questions.

**Skills** (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sailing Instructor ARC Certified       | <input type="checkbox"/> Westchester Skipper  | <input type="checkbox"/> SQB Skipper     |
| <input type="checkbox"/> US Sail Certified Instructor           | <input type="checkbox"/> Westchester 1st Mate | <input type="checkbox"/> SEAS 1st Mate   |
| <input type="checkbox"/> First Aid <input type="checkbox"/> CPR | <input type="checkbox"/> Water Assistant      | <input type="checkbox"/> Chapter Skipper |
| <input type="checkbox"/> US Coast Guard License                 | <input type="checkbox"/> Dockmaster           | Chapter _____                            |

**In order to fill my membership requirements, I plan to participate in the following Committees or area(s) during the year.** (select three)

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Maintenance    | <input type="checkbox"/> Education              | <input type="checkbox"/> Social     |
| <input type="checkbox"/> Race Committee | <input type="checkbox"/> Water Assistant        | <input type="checkbox"/> Publicity  |
| <input type="checkbox"/> Dockmaster     | <input type="checkbox"/> General Administration | <input type="checkbox"/> Newsletter |

**I plan to attend the following activities during the year.** (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Practice Sail Days          | <input type="checkbox"/> Cruising Course               | <input type="checkbox"/> Social Events   |
| <input type="checkbox"/> The National Cruise         | <input type="checkbox"/> First Mates Course            | <input type="checkbox"/> Sail Expo       |
| <input type="checkbox"/> General Membership Meetings | <input type="checkbox"/> Special Programs and Seminars | <input type="checkbox"/> Racing Days     |
| <input type="checkbox"/> Basic Refresher Course      | <input type="checkbox"/> Advanced Sailing Classes      | <input type="checkbox"/> Chapter Cruises |

**I would like to take a class in the following area(s) of Sailing :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Membership Dues are \$50.00 (\$10 discount before Feb 1)**

**SPECIAL DONATION TO THE NEW BOAT FUND \$ \_\_\_\_\_** (Any amount would be greatly appreciated)

**Dues** \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Mail dues along with this form to: SEAS P.O. Box 892 White Plains, NY 10602