



# MCSC ADULT MEMBERSHIP APPLICATION



Name \_\_\_\_\_ Spouse (if Couples Membership) \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

MCSC may send information about MCSC programs and activities to its members via e-mail. If you wish to receive e-mail communications from MCSC, please check the box. MCSC will not share your e-mail address with any outside party.

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you or your spouse have any allergies or medical conditions that the staff should be aware of? No  Yes  If yes, please describe: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

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**1. SELECT MEMBERSHIP TYPE (MCSC Memberships are valid for one (1) calendar year from sign-up date or start of class.)**

\_\_\_\_\_ \$ 300.00 **Individual Membership** (Includes sailing and social privileges. Add \$16.80 Sales Tax.)

\_\_\_\_\_ \$ 485.00 **Couples Membership** (Includes sailing and social privileges. Add \$27.16 Sales Tax.)

Spouse's Employer & Phone \_\_\_\_\_

\_\_\_\_\_ \$ 215.00 **Senior Membership** (62 years and older. Includes sailing and social privileges. Add \$12.04 Sales Tax.)

\_\_\_\_\_ \$ 110.00 **Associate Membership** (No Sailing, Social privileges only. Add \$6.16 Sales Tax.)

\_\_\_\_\_ \$ 75.00 **Adapted Sailing Program Membership** (Disabled person and attendant. Add \$4.20 Sales Tax.)

\_\_\_\_\_ **5.6% Wisconsin Sales Tax**

\_\_\_\_\_ **Additional Tax Deductible Donation to MCSC**

\$ \_\_\_\_\_ **MCSC MEMBERSHIP FEE WITH TAX**

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**2. READ WAIVER AND SIGN BELOW-- MCSC Memberships are non-transferable**

I understand that any water-related recreational activity, including sailing, can be hazardous and presents certain risks. These include the risk of very serious injury and death. By signing this Membership Application, I certify that I am able to swim 75 yards, that I am aware of the inherent risks involved with sailing and am agreeing that I will not seek to hold the Milwaukee Community Sailing Center, Inc., or any of its officers, directors, employees or agents liable in any way for any accident or injury, that occurs in connection with any activity that I participate in as a member of the Milwaukee Community Sailing Center, Inc. I am releasing the Milwaukee Community Sailing Center, Inc., its officers, directors, employees and agents from any liability whatsoever whether the injuries or damages are the result of my own negligence, the negligence of another member of the Milwaukee Community Sailing Center, Inc., or the negligence of the Milwaukee Community Sailing Center, Inc., itself, its officers, directors, employees or agents. I am also agreeing to fully hold harmless, defend and indemnify the Milwaukee Community Sailing Center, Inc., its officers, directors, employees and agents from any claims for personal injury or property damage made against the Milwaukee Community Sailing Center, Inc., its officers, directors, employees or agents based in whole or in part on my own negligence or the negligence of a guest of mine. I will also indemnify the Milwaukee Community Sailing Center, Inc., for the cost of replacing any equipment belonging to the Milwaukee Community Sailing Center, Inc., if that equipment is damaged in whole or in part by my negligence or the negligence of a family member or guest of mine.

**By signing this form I acknowledge I have read and agree to the terms of the waiver. No refunds will be made.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**3. REGISTER FOR MCSC COURSES & PROGRAMS**

1. Course \_\_\_\_\_ Section \_\_\_\_\_ Fee \$ \_\_\_\_\_

2. Course \_\_\_\_\_ Section \_\_\_\_\_ Fee \$ \_\_\_\_\_

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**4. SELECT PAYMENT METHOD & TOTAL | MEMBERSHIP FEE + COURSE FEE(S) = \$ \_\_\_\_\_**

Make check payable to: MCSC (Milwaukee Community Sailing Center) **OR** Charge my Credit Card: Visa MasterCard

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

3-digit code on back of card \_\_\_\_\_ Signature \_\_\_\_\_

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Membership # \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_