

COLUMBUS SAILING ASSOCIATION  
MEMBERSHIP APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

I would like to help with: Office Work \_\_\_\_\_ Ship Repairs \_\_\_\_\_ Other \_\_\_\_\_

Trade/Office Skills \_\_\_\_\_

Signature \_\_\_\_\_

Mail to: CSA, PO Box 60175, Corpus Christi, TX 78466

Phone: 361-854-9364 Fax: 361-854-9364