For administrative use

 Date:

 Payment Amount:

 Check # or Cash:

 On-Line Payment:

HLA

Hawaii Laser Association Membership Form

2016 Sailing Season (December 2015 – December 2016)

Member Information		
Name:	Date of Birth	:Age:
Address:	City:	State/Zip:
Home Phone:	Cell Phone:	E-Mail:
Parent Information (if und	er 18 years old)	
Father:	Cell Phone:	E-Mail:
Mother:	Cell Phone:	E-Mail:
Additional Information		
US Sailing Number:		Member Type:
Yacht Club:		Youth – Adult – Family
Boat Owned:		Sail Number:
Check List - Submit with A	pplication:	
Dues for 2016 (\$20.00):	Check # or Cash:	or Paid On-Line:
Liability Waiver Form:	Yes	Date Submitted:
Emergency Medical Form (if	under 18 years old): Yes	Date Submitted: