

BSC Membership Form

Name _____

Street Address _____

City _____ State ____ ZIP _____ - _____

Phone ____ - ____ - _____ Type: (Mobile, Land) Email _____

Household Membership donation \$ _____ Renewal ____ New Member ____

Membership suggested donation \$25.00. Minimum of \$10.00.

Please give more if you can afford it!

If you can't afford the minimum, the fee may be waived.

Newsletter format (check one): Printed E-mail

Please consider e-mail it saves money and paper.

Additional Members at this address_

Name _____ Email _____

Name _____ Email _____

Would you like information on Clearwater Membership?

I would like to help with _____

Mail to: Beacon Sloop Club P.O. Box 527 Beacon, NY 12508

[Link to Online Renewal](#)