

WEBSTER SAILING ASSOCIATION CANOE/KAYAK ASSOCIATE PAYMENT FORM

**** PROOF OF INSURANCE REQUIRED, READ BELOW! ****

ASSOCIATES NAME:		SPOUSE/SIGNIFICANT OTHER:	
ADDRESS:		HOME PHONE:	
CITY:	STATE:	ZIP:	BUS/CELL PHONE
EMAIL:	1.	2.	
D.O.B.			

REGISTERED CANOE/KAYAK

MAKE/MODEL	COLOR	LENGTH	1 OR 2 PERSON

PAYMENT CALCULATION		FEE SCHEDULE			ENTER AMOUNT
BASIC ASSOCIATE FEE		\$70.00			\$70.00
FACILITY FEE (TO BE PAID BY ALL ASSOCIATES WHO USE THE FACILITIES INCLUDING BOAT RAMP)		\$155.00			\$155.00
WSA BOAT REGISTRATION FEE (INCLUDES ONE BOAT, TO BE PAID BY ALL ASSOCIATES WHO STORE THEIR BOATS AT WSA.)		\$40.00			\$40.00
ADDITIONAL BOAT STORAGE FEE	AFTER FIRST, INCLUDED IN ABOVE REGISTRATION FEE	# OF BOATS	x	\$15.00	
CLUBHOUSE KEY FEE		\$2.00			\$2.00
DONATION					
TOTAL AMOUNT DUE		\$267.00			

THE FRONT GATE HAS A 4 DIGIT COMBINATION LOCK. WHEN YOU PAY YOUR DUES, YOU WILL RECEIVE A ASSOCIATE CARD. ON THE BACK OF THIS CARD YOU WILL FIND THIS 4 DIGIT COMBINATION CODE. THE COMBINATION WILL BE CHANGED EACH YEAR AT THE SPRING WORK PARTY AND THE NEW NUMBER WILL BE ON THE BACK OF YOUR ASSOCIATE CARD FOR EACH NEW SAILING SEASON.

IMPORTANT: PROOF OF PERSONAL LIABILITY INSURANCE IS REQUIRED FOR ASSOCIATES. MOST HOMEOWNER INSURANCE POLICIES AUTOMATICALLY COVER YOUR BOAT FOR PERSONAL LIABILITY COVERAGE. THIS IS NOT COVERAGE FOR THE PROPERTY DAMAGE TO YOUR BOAT. YOU MAY SEND YOUR POLICY'S DECLARATION PAGE WITH THE FOLLOWING INFORMATION (HIGHLIGHTED PLEASE): INSURED'S NAME & ADDRESS; INSURANCE CO'S NAME & ADDRESS; POLICY NUMBER; EFFECTIVE; DATE & POLICY PERIOD; PROPERTY & LIABILITY COVERED; AMOUNT OF COVERAGE (\$300,000 MINIMUM). IF YOU DON'T HAVE A COPY OF YOUR POLICY'S DECLARATION PAGE YOU MAY HAVE YOUR INSURANCE COMPANY SEND A CERTIFICATE OF INSURANCE DIRECTLY TO OUR SECRETARY.

MAKE CHECKS PAYABLE TO: **WEBSTER SAILING ASSOCIATION**
 RETURN THIS FORM, WITH PAYMENT AND **PROOF OF INSURANCE**, TO:
 LEE AMODEO, 755 LEBANON HILL, SOUTHBRIDGE, MA 01550 PHONE: (508) 864-6594
 email: WSAailsecy@gmail.com