

# TASS

## Texas Association of Social Sailors

Application Fee \$75.00 upon submission (non-refundable)



PERSONAL INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
TASS Member Since		Date of Birth	/ /			
Skipper Position: (check below)						
Day Skipper	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any physical limitations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Night Skipper	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
Offshore/ Catamaran Skipper	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Do you have a current CPR Certification Certificate: YES NO <b>If Yes, submit a copy with your application.</b>						
PRINT CLEARLY						
EMERGENCY INFORMATION						
Medications are taken on a regular basis TASS Skipper Application.						
Emergency Contact	Name		Phone #			
Alternate Contact	Name		Phone #			
SAILING HISTORY						
<b>Please attach your current sailing resume with this application in a separate document.</b>						
DISCLAIMER AND SIGNATURE						
I certify that my answers are accurate and complete to the best of my knowledge.						
Signature				Date		
TASS form – Rev.10-22						

NOTE Application fee will be manually invoiced to your membership account

NOTE: be sure all additional required supplemental documents are attached to your application.