

Society of Old Salt

Membership Application

c/o The Lakeside Association
Attn: Advancement Office
236 Walnut Avenue
Lakeside, Ohio 43440
419.798.4461

Name: _____

Permanent Address: _____

_____ Phone: _____

Lakeside Address: _____ Phone: _____

Email Address: _____

I prefer to receive S.O.S. newsletters through: (Circle One) Email Mail

Membership Contribution: \$25 (non-sailing) \$50 (Individual) \$100 (Family) \$720 (Lifetime)

Would you like to leave a generous gift \$ _____

Please make checks payable to: **The Lakeside Association (write S.O.S. on the Memo Line)**

Personal Tidbits for Next Newsletter (children in school, vacation, new additions, etc.):

Project Suggestions:

Items for sale or wanting to purchase:

S.O.S. Sunfish Fleet:

Was there always a boat available when you desired one? _____ Yes _____ Usually _____ No

I would like to see the S.O.S. Fleet expanded: _____ Yes _____ No

If yes, please indicate the type of boat: _____ Sunfish _____ Laser _____ Kayak

Interest in coordinating one (1) of S.O.S's primary areas of activity (please check):

- S.O.S. Newsletter
- Membership & Finance
- Construction Projects and Maintenance
- Lakeside Sunfish Maintenance & Repair
- Post Season Boat Tune Up and Inspection
- General Shore & Sailing Club Maintenance
- Lakeside Kids Set Sail
- S.O.S. Sailing Appreciation Picnic
- Lakeside Regatta
- The August Cup
- Mouse Island Race
- Trophy Management
- Sailing Outing and Adventure Coordinator
- Jr. Sailing Program

Interested in an Officer's Position

- President
- Vice President
- Secretary
- Treasurer

Important Feedback

Our goal as an organization is to fulfill the expectations of our membership. To best do this, we need feedback from you. Please note below anything we are doing, which you feel we should not be doing and anything that we should be doing and we are not. Your feedback is important in our effort toward continuous improvement.

Please return the completed Membership Application and your contribution to:

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