

You may also register online at www.highschoolsailingusa.org



INTERSCHOLASTIC SAILING ASSOCIATION

Founded in 1930

SEISA
(DISTRICT)

2010-2011

MEMBERSHIP FORM and DUES INVOICE

There is only one type of school membership in the Interscholastic Sailing Association (ISSA): all school members belong to both a District Association and to ISSA, the National Association. All school members have voting privileges in ISSA, and are eligible for all national championships.

MAIL COMPLETED FORM AND CHECK FOR DUES TO THE ADDRESS AT THE BOTTOM OF THIS PAGE

DATE: _____

DISTRICT MEMBERSHIP DUES _____	\$	25.00
NATIONAL (ISSA) MEMBERSHIP DUES _____	\$	85.00
TOTAL DUE _____	\$	110.00

SCHOOL NAME IN FULL: _____

SCHOOL ADDRESS: (STREET) _____

(CITY/TOWN) _____ (STATE) _____ (ZIP) _____ - _____

SCHOOL PHONE: (_____) _____ - _____ FAX (_____) _____ - _____

SCHOOL E-MAIL ADDRESS: _____

NAME OF ADULT: (CHECK ONE) COACH ADVISOR _____

ADDRESS (IF DIFFERENT FROM SCHOOL): _____

(CITY/TOWN) _____ (STATE) _____ (ZIP) _____ - _____

PHONE: (_____) _____ - _____ FAX: (_____) _____ - _____

E-MAIL ADDRESS: _____

MAKE DUES CHECK PAYABLE TO DISTRICT: SEISA

SEND ALL CHECKS, MAIL AND REGATTA INFORMATION TO:

DISTRICT'S Secretary/Treasurer's NAME Malinda Crain

DISTRICT ADDRESS: (STREET) 3620 Del Monte Drive

(CITY/TOWN) Houston (STATE) TX (ZIP) 77019 - 3100

DISTRICT E-MAIL ADDRESS: CRA1917@AOL.COM

PLEASE COMPLETE QUESTIONNAIRE ON REVERSE SIDE OF THIS SHEET

A Supporting Member of the United States Sailing Association (US SAILING)

The INTERSCHOLASTIC SAILING ASSOCIATION is dedicated to the nationwide promotion of sailing as a sport among secondary school sailors, to the formation of school sailing teams, and to the organization of school sailing competition

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SAILING PROGRAM.
THIS INFORMATION WILL BE USED IN THE ISSA MEMBERSHIP DIRECTORY/YEARBOOK:

STATUS OF SCHOOL SAILING PROGRAM: __ VARSITY SPORT __ CLUB __ OTHER

(IF "OTHER," PLEASE EXPLAIN) _____

SCHOOL OFFICIALS:

PRINCIPAL OR HEADMASTER: _____

DIRECTOR OF ATHLETICS: _____

DETAILS OF SAILING PROGRAM:

COACH(ES): _____

ADVISOR(S): _____

WE USUALLY SAIL AT: _____
(NAME OF SAILING FACILITY)

USING THESE CLASS(ES) OF BOATS: _____

TEAM CAPTAIN(S): _____

LIST ALL THE NAMES OF CLUB/TEAM MEMBERS:

*(Note: For any team members who wish to receive their own copies of the ISSA Newsletter,
please include \$5.00 per subscription and provide member's complete mailing address.)*

name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____
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name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____
name _____	grad year _____	name _____	grad year _____

PLEASE USE ADDITIONAL SHEETS IF NECESSARY FOR COMPLETE ROSTER
AND FOR ADDRESSES FOR ADDITIONAL NEWSLETTERS AT \$5.00 PER SUBSCRIPTION PER YEAR