

**SANTA BARBARA CHANNEL SWIMMING ASSOCIATION
(SBCSA)**

Membership Form

First name:Last:

Address:Zip code

City:.....State:.....Country:.....

Date/place birth:Age:..... Gender:

e-mail:Telephone:

Closest person in case of emergency

Name: Telephone

Swimming history:

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Medical conditions:

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Mail to :

Scott Zornig - SBCSA
23191 Via Celeste
Coto de Caza, CA 92679
USA

Fee:

___ \$100 per year

___ \$1500 for lifetime membership

Checks payable to SBCSA