

US SAILING INSTRUCTOR RECERTIFICATION FORM

NAME _____ MEMBERSHIP # _____

ADDRESS _____
Street City State Zip

TELEPHONE (R) _____ (B) _____ (F) _____

EMAIL _____ CELL PHONE _____

I AM SEEKING RECERTIFICATION FOR THE FOLLOWING:

(You only need to recertify at the highest level of certification you have achieved within each program. Certifications are valid for three years)

Small Boat Program	Keelboat Program	Windsurfing Program	Powerboat Program
<input type="checkbox"/> Level 1	<input type="checkbox"/> Basic Keelboat	<input type="checkbox"/> Level 1	<input type="checkbox"/> Powerboat Instructor
<input type="checkbox"/> Level 2	<input type="checkbox"/> Cruising/CoNav		<input type="checkbox"/> Cruising Power Instructor
<input type="checkbox"/> Level 3	<input type="checkbox"/> Coastal Passage Making		
	<input type="checkbox"/> Celestial Nav		
	<input type="checkbox"/> Offshore Passage Making		
<input type="checkbox"/> \$70	<input type="checkbox"/> \$70	<input type="checkbox"/> \$70	<input type="checkbox"/> \$70

 CURRENT SAILING EMPLOYER: _____

SUPERVISOR: _____ PHONE: _____

ADDRESS: _____
Street City State Zip

THREE YEAR EMPLOYMENT HISTORY (please attach another page if necessary)	
Course(s) Location:	How Many Students:
Address:	Date of Course(s):
Name of Supervisor and Title:	Phone:

RECERTIFICATION FEE \$70 per program x _____ programs \$ _____
 US SAILING MEMBERSHIP 1 year \$65; 2 years \$120; or 3 years \$160 \$ _____
 TOTAL ENCLOSED Check or credit card \$ _____
 Visa MC AmEx Card Number: _____
 Name on card: _____ Exp. date: _____
 Signature: _____