

CCSF Voting Member Application

Name: _____

Address: _____

Email: _____ Phone: _____

Why would you like to be a voting member of the CCSF?

How long have you been involved with CCSF? _____

Are you a lifetime member of CCSF? _____

What do you most enjoy about open water swimming? _____

What changes would you like to see in CCSF? _____

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What is your current and/or past experience with non-profit organizations?

What is your professional / work background? _____

Where do you see yourself with CCSF in 5 years? _____

Additional information or comments? _____

Please attach two letters of recommendation from two existing CCSF voting members.

We look forward to reviewing your application package and appreciate your interest in volunteering your time to the long term success of the Catalina Channel Swimming Federation. Please fax your application to 866-910-3285.