

# Leif Ericson Viking Ship Crew Membership Form

Thank you for your interest in joining the LEVS crew!  
Please fill out the information below, and mail this form to:  
P.O. Box 393 Swarthmore, PA 19081-0393

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently a member at the voting/crew level?

- Yes, currently a member
- No, my check is included

## Previous experience

The information below has no bearing on becoming a crewmember. It will only be used to gauge how much training you need. Please be honest.

Please rate your experience level for the following, by circling a number below. (One=no experience; five=very experienced)

Rowing a ship	1	2	3	4	5
Sailing a ship	1	2	3	4	5
Driving a Truck	1	2	3	4	5
Trailer a Ship	1	2	3	4	5
Talking to Strangers	1	2	3	4	5