

Corpus Christi MORF (Midget Ocean Racing Fleet)

APPLICATION & INSTRUCTIONS AND NOTES 2026

Following is an application for NEW MEMBERSHIP ONLY in Corpus Christi MORF and an application for a South Texas PHRF rating. Please note membership in Corpus Christi MORF is for a calendar year. Membership will expire on December 31st, and membership fees are not prorated.

TO RENEW: simply renew by attending the annual meeting and make payment by Cash or Check made out to CCMORF. If you do not attend the annual meeting, checks can also be mailed to the address below.

New MEMBERS: Corpus Christi MORF has two levels of membership: Regular and Supporting/Crew. NEW Members who own a boat that they intend to race and be scored in Corpus Christi MORF Wednesday events must join at the Regular level and complete both the membership and the PHRF applications below. Members who do not own a boat who wish to race as crew in Corpus Christi MORF events and who do not need a South Texas PHRF rating may join at the Supporting level. Supporting members only need to complete the membership application, signature not required.

New Membership Rates effective 2026

Regular membership:	\$60/calendar year
Supporting membership:	\$25/calendar year

Your completed application(s) and payment should be hand delivered at the annual meeting, or mailed to the following address:

**Corpus Christi MORF
P.O. Box 262
Corpus Christi, Texas 78403-0262**

To receive important emails from Corpus Christi MORF, you must subscribe yourself.

Providing your email on this application does NOT subscribe you to emails.

Corpus Christi MORF emails may include race notifications, instructions, and other pertinent information.

Please visit www.CCMORF.org, click Membership, and click "click here" to sign up (subscribe) to Corpus Christi MORF email list. <https://CCMORF.org/joinMORF/> Unsubscribe links are on MORF email notices. Please invite your spouse and/or crew to register for the email notification list, too.

Members may request a copy of the MORF Roster, which includes names, boat name, phone, and email addresses, and Financial Reports and supporting documents from the Treasurer.

CORPUS CHRISTI MORF APPLICATION FORM

Last: _____ **First:** _____ **Spouse:** _____

Phones: (Your Cell) _____ (Spouse Cell) _____

E-Mail: _____

Spouse E-Mail: _____

Membership: (Circle one) Regular or Supporting

Boat Name: _____ **Make/Model:** _____ **LOA:** _____

Year: _____ **Sail #:** _____ **Hull/Deck Color:** _____ / _____ **Location:** _____

In consideration of membership in Corpus Christi MORF (Midget Ocean Racing Fleet) and for using the services of their committees and regarding activities conducted within MORF and their committees the undersigned represents to and covenants with MORF and their committees (a) that the undersigned has the sole and exclusive control and management of the boat described herein, (b) that the undersigned has sole responsibility for the care and safety of such boat and crew and all other persons in any manner pertaining thereto, (c) that the undersigned shall indemnify and hold harmless MORF and its committees, directors, officers, members, and representatives from any loss, damage, demand, liability or obligation including, without limitation, attorney's fees and court cost, in any manner arising from or pertaining to the above described boat or crew of this boat, (d) that the undersigned shall fully comply with all racing instructions, requirements for rating certificates, ratings, and any safety requirements and with all applicable local, state, and federal laws, and (e) that the boat described above or its owner/skipper has in force and effect a policy of liability insurance which covers the contemplated activity.

Date: _____ **Boat Owner Signature:** _____

Boat Owner Partner, if applicable: _____

Mail Application and check payable to C.C. MORF to:

Corpus Christi MORF
P.O. Box 262
Corpus Christi, Texas 78403-0262

Fees: \$60 Regular Membership
or \$25 Supporting Membership

**** Fees include the cost of the South Texas PHRF committee services and the annual PHRF Rating Certificate.**

SOUTH TEXAS PHRF RATING APPLICATION FORM

Last: _____ **First:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email Address: _____ **Phone (Cell):** _____

Boat Name: _____ **Make/Model:** _____ **LOA:** _____

Year: _____ **Sail #:** _____ **Hull/Deck Color:** _____ / _____

Location: _____ **Rig:** (Choose one) Masthead, Fractional, Sloop, Ketch, Yawl

Mast height: _____ (Tall, Standard, or Modified) **Boom length:** _____ (Standard or Modified)

Keel: Fin, Bulb, Full, Deep Draft or Shoal Draft

Keel Shape: Standard or Modified: Explain Modification _____

Centerboard: Standard, In Keel, Daggerboard

Rudder: Standard or Modified: Explain Modification _____

Largest Headsail: _____ % of J **Wednesday Night Jib:** _____ % of J

Largest Spinnaker: _____ % of J

Largest Spinnaker Pole: _____ % of J **Mainsail:** Standard or Modified

Interior: Standard or Modified **Propulsion:** Inboard, Outboard

Propeller: Fixed, Folding **# of Blades:** _____

Modifications Above or Below the Waterline: Above, Below, No

Explain all Non-Standard Equipment and all Modifications in Detail on next page.

The above information is correct to the best of my knowledge and I agree to abide by all local MORF and PHRF Rules/Rulings and those as stated in the U.S. Sailing Handbook. I will accept responsibility for notifying the South Texas PHRF Committee in writing of any and all modifications to the above listed boat's specifications including but not limited to: rig, sails, keel, rudder, propeller, or hull within 10 days of making those changes. Further, in consideration for using the services of the South Texas PHRF Committee, the undersigned represents to and covenants with the South Texas PHRF Committee **(a)** that the undersigned has the sole and exclusive control and management of the boat described herein, **(b)** that the undersigned has sole responsibility for the care and safety of such boat and the crew and all other persons in any manner pertaining thereto, **(c)** that the undersigned shall indemnify and hold harmless the South Texas PHRF Committee, its directors, officers, members, and representatives from any loss, damage, demand, liability, or obligation including, without limitation, attorney's fees and court costs, in any manner arising from or pertaining to the above described boat or crew of this boat, **(d)** that the undersigned shall fully comply with all racing instructions, requirements for rating certificates, ratings and any safety requirements and with all applicable local, state, and federal laws, and **(e)** that the boat described or its owner/skipper has in force and effect a policy of liability insurance which covers the contemplated activity.

Boat Owner Signature (s): _____ **Date:** _____

Send completed and signed Rating Application Form to: PHRF Committee, P.O. Box 262, Corpus Christi, Texas 78403 Your PHRF Rating will be mailed or emailed to you. **A PHRF Rating is required to race all PHRF events.**

Date Application Received: _____ Date Rating Sent/Delivered to Boat Owner: _____

Rating Assigned: _____ secs/mile Application Processed By: _____