

# APPLICATION FOR MEMBERSHIP

SENIOR

ASSOCIATE

DAY SAILOR

NAME (in full)	
ADDRESS	
TELEPHONE #	
CELL #	
EMAIL address	

If you own or plan to purchase a boat and will require dock space (SENIOR membership), please complete the following:

Vessel name, make and model	Power <input type="checkbox"/>	Overall length (ft)	Draught (ft)	Beam (ft)
	Sail <input type="checkbox"/>			
	Other <input type="checkbox"/>			

Will the vessel be used for commercial purposes, such as commercial fishing, fishing charters, tourism, diving operations, scientific or engineering support? YES  NO

If YES, please describe the commercial activity.

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I, the undersigned, in applying for membership in the Bay of Islands Yacht Club, agree to observe the club's constitution as well as its bylaws and regulations.

Signature	Date