

## APPLICATION FOR MEMBERSHIP

 SENIOR 

 ASSOCIATE 

 DAY SAILOR 

NAME (in full)	
ADDRESS	
PHONE #	
Cell #	
EMAIL ADDRESS	

**If you own or plan to purchase a boat and require dock space, please complete the following:**

<u>Vessel Name</u>	Power <input type="checkbox"/> Sail <input type="checkbox"/> Other <input type="checkbox"/>	Overall Length (ft)	Draught (ft)	Beam

**If you are interested in volunteering your time around the club or dock area, please check all that apply:**

 Waterfront 

 House and Grounds 

 Entertainment 

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