

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