



POST OFFICE BOX 73
ALLEN, MARYLAND 21810

<input type="checkbox"/> FEES PAID _____
<input type="checkbox"/> PUBLISHED _____
<input type="checkbox"/> DOOR CARD _____
<input type="checkbox"/> VOTED ON: ____ / ____ / ____
<input type="checkbox"/> PACKAGE SENT _____
<input type="checkbox"/> ADD TO MAILING LIST _____

MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP ASSOCIATE FULL _____

APPLICANT'S FULL NAME _____ DATE OF BIRTH _____

SPOUSE'S NAME _____ CELL PHONE _____

HOME ADDRESS _____ HOME PHONE _____

CITY, STATE, ZIP _____

EMAIL _____ SPOUSE'S EMAIL _____

BUSINESS _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____ OCCUPATION _____

CITY, STATE, ZIP _____

BOAT OWNER? YES _____ NO _____ SIZE _____ NAME _____

DO YOU WANT TO RENT A SLIP? YES _____ NO _____ (FULL MEMBERS ONLY)

COVERED _____ OPEN _____

PLEASE PRINT

SPONSOR'S NAME _____ SPONSOR'S PHONE: _____

THREE CLUB REFERENCES 1. _____

2. _____

3. _____

IMPORTANT

1. YOUR SPONSOR, OR MEMBER REFERENCE MUST BE PRESENT AT GENERAL MEMBERSHIP MEETING IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED. SAID SPONSOR, OR REFERENCE MUST BE A MEMBER IN GOOD STANDING.

SIGNATURE: _____ DATE: _____