

ASSOCIATE

APPLICATION FOR MEMBERSHIP

Port Dover Yacht Club

Box 668 ~ Port Dover, Ontario N0A 1N0
519•583•0090



Please Print

DATE _____

NAME _____

ADDRESS
STREET OR
P.O. BOX _____

CITY
OR
TOWN _____ PROV _____ POSTAL
CODE _____

TELEPHONE - BUS. _____ HOME _____

OCCUPATION _____

MARITAL
STATUS _____ NAME OF
SPOUSE _____ NO. OF
CHILDREN _____

BOAT
SIZE & MAKE _____

NAME OF BOAT _____ REGISTRATION
NO. _____

SPONSORED BY
2 MEMBERS

SIGNATURE _____ SIGNATURE _____

PRINT _____ PRINT _____

APPLICANT'S SIGNATURE

FOR CLUB USE ONLY

MEMBERSHIP CHAIRMAN _____

DATE RECEIVED _____ INITIATION RECEIVED _____

DATE ACCEPTED _____ DUES RECEIVED _____

POSTING DATE UP _____ DOWN _____