

Wollaston Yacht Club 2010 Application for Full Membership

Please send checks to
Wollaston Yacht Club
P.O. Box 109 Wollaston, MA 02170

<input type="checkbox"/> Renewal	<input type="checkbox"/> Upgrade	<input type="checkbox"/> New
----------------------------------	----------------------------------	------------------------------

Name _____	Date _____									
Street _____										
City _____ State _____ Zip _____										
Home # _____	Work # _____									
Employer _____										
Employer Street Address _____										
City _____ State _____ Zip _____										
Occupation _____										
DOB _____ Email _____										
Vessel Type _____										
Name of Vessel _____										
Vessel Registration # _____										
Emergency Contact _____										
Emergency Contact Phone # _____										
Emergency Contact Phone # _____										
List any present or past Yacht Club Memberships _____										
Personal Reference _____										
Address _____										
Phone # _____										
Email _____										
Spouse's Name _____										
Names of children under 21 years of age _____	Dates of Birth _____									
<p style="text-align: center;">All members must serve on a committee. (Please check your preference)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Boats & Engines</td> <td><input type="checkbox"/> House</td> <td><input type="checkbox"/> Race</td> </tr> <tr> <td><input type="checkbox"/> Entertainment</td> <td><input type="checkbox"/> Membership</td> <td><input type="checkbox"/> Safety</td> </tr> <tr> <td><input type="checkbox"/> Floats</td> <td><input type="checkbox"/> Publicity</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Boats & Engines	<input type="checkbox"/> House	<input type="checkbox"/> Race	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Membership	<input type="checkbox"/> Safety	<input type="checkbox"/> Floats	<input type="checkbox"/> Publicity	<input type="checkbox"/> Other
<input type="checkbox"/> Boats & Engines	<input type="checkbox"/> House	<input type="checkbox"/> Race								
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Membership	<input type="checkbox"/> Safety								
<input type="checkbox"/> Floats	<input type="checkbox"/> Publicity	<input type="checkbox"/> Other								
If elected, I agree to conform to the by-laws and Rules of the Wollaston Yacht Club.										
Applicant Signature: _____										
Sponsored by: _____										
(Please print member's name clearly.)										
Membership is probationary for one year.										

For Wollaston Yacht Club Executive Committee Use Only	
Dues Amount Received _____	Date _____
Cleared by Treasurer _____	
<u>DISPOSITION</u>	
<input type="checkbox"/> This applicant is not approved by action of the Executive Committee.	
<input type="checkbox"/> This applicant was approved and elected at a meeting to the Executive Committee, held on: _____ (Date)	
Name of Chairperson _____	
Signature of Chairperson _____	