

KWAJALEIN YACHT CLUB

Unit 17001 Box 115

APO, AP96555
(805) 355-8038

www.kwajyachtclub.com

www.facebook.com/
KwajaleinYachtClub/

MEMBERSHIP APPLICATION

(Please Print)

| | (Freuse Frinc) | | |
|---|-------------------------------|-------------------------|-------------------|
| NAME | | | |
| (As you wish it to appear | on Membership Card) | | |
| PSC 701 BOX | AP0 | O, AP 96555 | RENEWAL |
| PHONE | | | NEW |
| (Home) | (Work | k) | MEMBER |
| EMAIL | E | mail Dist. List | WEWDER |
| MEMBERSHIP TYPE: Dues | for <u>New Memberships</u> re | eceived after July 1 ar | e reduced 50%. |
| SINGLE \$80 annı | ıally FA | MILY \$120 a | annually |
| Spouse | | Sailboat Owner | |
| (As you wish it to appear on Membership Card) | | - Powerboat Owner | |
| Spouse | | | |
| Email | | | |
| (Email Address) | | (Boat Name) | |
| I/We understand that the Ya expected to donate a minimu I/We are interested in volunt | um of 8 hours per year of t | | |
| Ship Store Sales Event O | rganization Mainten | ance/Mowing | Meeting Meal Prep |
| | Purser's Receipt-Members | <u>ship</u> | |
| Member Name | | | |
| AMOUNT PAID | Check # | or Cash | |
| Received by | | Date | |