



McNary Yacht Club

Application for Membership

Name of Applicant: _____ Date: _____

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Home Phone Number (____) _____ - _____ Work Phone Number (____) _____ - _____

Cell Phone (____) _____ - _____ E-mail: _____

Occupation: _____

Do you own a boat? Yes ___ No ___

Make of boat _____

Length _____ Beam Width _____ Horsepower _____

Liability Insurance Company _____

Policy Number _____

Agency Name & Phone Number _____

Name of Spouse _____

Spouse Occupation _____

Children's Names	Ages
_____	_____
_____	_____
_____	_____
_____	_____

Proposed by _____ Proposed by _____

(Must be proposed by 2 members of McNary Yacht Club)

I have been given a copy of the membership rules and regulations of the McNary yacht Club and I agree to abide by these rules.

Signature _____