

Primary Member

Name (First Middle Last)		Cert# (if any)	DOB / /
Mailing Address			Significant others name
City / State / Zip Code			USPS/ABC Prior Member <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Cell Phone	Email	
Referred by: _____ I want to join for/because: _____			
Do you own a boat? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Sea Scout? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Vessel Information:

LOA	Boat Name	MMSI	Propulsion Pwr / Sail / Human/ _____
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Additional Active Members (must reside in the same household as active member)

Name (First Middle Last) 2	DOB	Prior Member Y / N	Cert# (if any)
Email	Cell Phone		
Name (First Middle Last) 3	DOB	Prior Member Y / N	Cert# (if any)
Email	Cell Phone		
Name (First Middle Last) 4	DOB	Prior Member Y / N	Cert# (if any)
Email	Cell Phone		

Signature 1

Signature 2

Signature 3

Signature 4

Volunteer Interests: Ways I/we can support the success of the club (circle all that apply)

Boating Activities	Education	Newsletter	Public Relations
Communications	Hospitality	Photography	
Community Service	Membership	Other: _____	

INTERNAL USE ONLY BELOW THIS POINT

Squadron Code	Squadron Name	ExComm Approval Date <i>N/R if not required</i>
Authorized Signature <i>Cdr or Membership Chair</i>	Authorized Signatures Certificate #	