

Application member



BATON ROUGE BOAT CLUB APPLICATION FOR MEMBERSHIP



IMPORTANT: This form is to be used by a person wishing to join the Baton Rouge Boat Club. Applicants should answer all questions, otherwise application will be returned. As a condition of membership, I understand that I must captain one cruise in my boat to qualify. Enclosed is a check or cash for \$100 for my annual dues. You may also pay by Venmo @BatonRouge-BoatClub

PLEASE PRINT OR TYPE ALL INFORMATION

APPLICATION DATE: ____/____/____

CAPTAIN'S NAME (in full) _____ DOB: ____/____/____

MARITAL STATUS _____ MATE'S FIRST NAME _____ DOB: ____/____/____

ADDRESS _____ CITY _____ ZIP _____

Captain: Cell _____ Home _____ Email _____

First Mate: Cell _____ Home _____ Email _____

OCCUPATION: _____ HOBBIES: _____

MAKE OF BOAT _____ LENGTH _____ MATERIAL _____

IS BOAT EQUIPPED WITH REQUIRED U.S. COAST GUARD APPROVED EQUIPMENT, INCLUDING
FIRE EXTINGUISHER _____ LIGHTS _____ APPROVED PFD FOR ALL PERSONS ON BOARD _____

****LIABILITY INSURANCE (Strongly encouraged)** _____ INSURANCE COMPANY NAME _____

IS BOAT EQUIPPED WITH A MARINE RADIO? YES _____ NO _____

NAME OF BOAT _____

APPLICANT'S STATEMENT: as a condition of the acceptance of my application for membership, I hereby certify that I am aware of the importance of maintaining liability insurance and safety equipment on my boat. This is necessary for my own protection as well as the protection of the other club members. With this in mind, I specifically guarantee that I will not allow my boat to be operated at any club function without proper and current liability insurance and all proper safety equipment in proper operating condition.

Applicant's Signature _____

*****DO NOT WRITE IN THE SPACE BELOW*****

Recommended by Two Club Members as Sponsors:
Sponsors Print and Sign at time of application

Originating Sponsor Printed Names _____ **Signature** _____

Confirming Sponsor(s) Printed Name: _____ **Signature** _____

Date of Qualifying Cruise	Date ____/____/____	Reviewed by Membership Chairman ____/____/____	Paid Fee: Yes/No Check/Cash/Venmo/PayPal
Reviewed by Board of Directors	Date ____/____/____	Date Voted in: ____/____/____	

