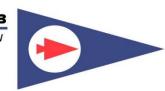
CLAYTON YACHT CLUB MEMBERSHIP APPLICATION





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MAILING ADDRESSES: Permanent:	State:	Zip;	Phone: ()
Summer:City:			Phone: ()
Lilian for weekly reduces, billing	······		
CHILDREN:			
Name:			
	Age: Age: Age:		
Name.			ge
BOATS USED ON THE RIVER:			DOCKAGE REQUESTED: YES NO
			Length: Year:
Type/Name:			Length: Year:
BUSINESS NAME :			Location:
BUSINESS NAME :			Location:
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PRESENT CLUB AFFILIATIONS II CLUB CLUB CLUB PERSONAL REFERENCES (MEM. NAME: NAME: NAME: SIGNATURE: DATE: VEHICLE INFORMATION: YEAR/MAKE:	N LAST 10 YEARS	S: PAST M PAST M PAST M D):	EMBER CURRENT MEMBER EMBER CURRENT MEMBER EMBER CURRENT MEMBER PHONE: () PHONE: () PHONE: () PHONE: () APPROVED:
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Visit our website at: <u>www.claytonyachtclub.com</u>
Registered member of Yachting Club of America