CLAYTON YACHT CLUB MEMBERSHIP APPLICATION





NAME:	AND				
NICK NAMES:					
MAILING ADDRESSES:					
Permanent :					
			Phone: ()		
C					
Summer:					
City:	State:	Zip:	Phone: ()		
Email Address (DDIMAD)	/\·				
Email Address (Secondal	у)				
CHILDREN:					
		Ag	e:		
	Age: Age:				
	ne: Age:				
		/ 10			
BOATS USED ON THE RIV			DOCKAGE REQUESTED: YES NO		
			Length: Year:		
EMDI OVED/RIJSINESS NA					
Location:					
Check if Applicable: [[] Activo	[] Potirod		
] Sell-Lilipioyeu		[] Ketiled		
PRESENT CLUB AFFILIATI	ONS IN LAST 10 YE.	ΔRS·			
LUB PAST MEMBER CURRENT MEMBER					
	UB PAST MEMBER CURRENT MEMBER				
PERSONAL REFERENCES	(CLUB MEMBERS PI	REFERRED):			
NAME:	-	•	PHONE: ()		
NAME:			PHONE: ()		
PHONE: (
SIGNATURE:			DATE:		
VEHICLE INFORMATION					
			Please submit application to:		
YEAR/MAKE:			secretary@claytonyachtclub.co		
MODEL:			Secretary we cray to riyacii telub.co		
COLOR:					

Visit our website at: <u>www.claytonyachtclub.com</u> Registered member of Yachting Club of America

LICENSE #/STATE: _

ALL NEW APPLICANTS WILL BE SUBJECT TO AN INITIATION FEE EQUAL TO ONE YEAR MEMBER DUES PAYABLE UPON APPROVAL