OZARKS YACHT CLUB, INC. MEMBERSHIP APPLICATION

Name		Birth Date		
Address				
City		State	Ziړ	p
Home Phone		Cell Phone	14.	
Email address	15-1	T D	30.	
Occupation		Business Phone		
Employer			51	15
Address	~//E	City	1	State _
<mark>Spou</mark> se/Partner N	Name		Birth	Date
Address	7/1	7.6	18	
City		State	Zip	D
Home Phone		Cell Phone		
Email address	11.		91	
Occupation	47.70	Business Phone		~/ E
Employer			(YA
Address		City		State _
Anniversary Date _			-24	
Description of Bo	at(s) Owned			
Mfg	Type	Le	ngth	Year
		Le	ngth	Year
Mfg	Type	Le	ngth	Year
Mfg.	Type	I.e	noth	Year

References (Provide 3 personal references) Name _____ Address Name _____ Address____ Name _____Address ____ **Membership Pledge** I pledge to further boating locally and help increase the enjoyment and safety of our local recreational waterways and promote Safety and Good Sportsmanship as aims of the OZAKS YACHT CLUB, INC Applicant Signature: _____ Date Date Applicant Signature: Enclosed check made out to: Ozarks Yacht Club in the amount of \$___ Mail printed application and check to: **OZARKS YACHT CLUB, INC.** c/o Ed Moist 5687 S. Belgravia Springfield, MO 65804 **Annual Dues \$75** Renewal Date: February 1st Prorated dues based on application date: March \$60 August \$45 April \$65 September \$40 May \$60 October \$35 June November \$30 \$55 December July \$50 \$25 Internal Use Only Approved by: Date: