



BOATING WITHOUT OWNING - MEMBERSHIP APPLICATION

Applicant

Captain's Name: _____

Address: _____

Primary Phone: _____ Primary Email: _____

Date of Birth: _____ Drivers License #: _____

Employer: _____ Position: _____

Length at Current Employer: _____

Length at Current Address: _____

Previous Address if less than 2 years: _____

Years of Boating Experience: _____

Largest Boat You Have Operated: _____

Have you operated a boat on the waters of Green Bay? Yes No

Have you passed a Boaters safety course? Yes No
*** Required if Born after 1989

Do you have a valid Driver's License? Yes No
***Please provide copy of License with application*

Have you ever been convicted of a felony or drunk driving? Yes No

First Mate

Name: _____

Primary Phone: _____ Primary Email: _____

Date of Birth: _____ Drivers License #: _____

Employer: _____ Position: _____

Length at Current Employer: _____

Length at Current Address: _____

Please provide a copy of current Auto Insurance with Application

Signature of Prospective Applicant(s) _____ Date: _____