



KWAJALEIN YACHT CLUB
PSC 701 BOX 638
APO, AP 96555
(805) 355-8038
www.kwajachtclub.com

MEMBERSHIP APPLICATION

(Please Print)

NAME _____ **DATE** _____
(As you wish it to appear on Membership Card)

CMR 701 BOX _____ **APO, AP 96555**

PHONE _____
(Home) _____ *(Work)* _____

EMAIL _____ **Email Dist. List**

RENEWAL
NEW
MEMBER
<i>(Circle One)</i>

MEMBERSHIP TYPE:

Dues for New Memberships received after July 1 are reduced 50%.
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SINGLE -- \$60 annually **FAMILY** -- \$100 annually

SPOUSE _____
(As you wish it to appear on Membership Card)

KYC LOT USAGE FEES -- \$50 initiation & \$25 annually
BOAT NAME/NO. _____

Entered onto Roster **Membership Card Ordered** **Issued**

Purser's Receipt-Membership

Received From _____

AMOUNT PAID _____ **Check #** _____ **or Cash**

Received by _____