



KWAJALEIN YACHT CLUB
PSC 701 BOX 638
APO, AP96555
(805) 355-8038
www.kwajachtclub.com

MEMBERSHIP APPLICATION

(Please Print)

NAME _____ **DATE** _____

(As you wish it to appear on Membership Card)

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

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

EMAIL _____ *Email Dist. List*

RENEWAL
NEW
MEMBER

MEMBERSHIP TYPE:

Dues for **New Memberships** received after July 1 are reduced 50%.

SINGLE -- \$60 annually

FAMILY -- \$100 annually

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

Sailboat Owner

Powerboat Owner

Spouse
Email _____
(Email Address)

_____ *(Boat Name)*

I/We understand that the Yacht Club is run solely by volunteers, and that all members are expected to donate a minimum of 8 hours per year of time to support the club.

I/We are interested in volunteering with:

- Ship Store Sales Event Organization Maintenance/Mowing Meeting Meal Prep

Purser's Receipt-Membership

Member Name _____

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

Received by _____