



KWAJALEIN YACHT CLUB
 Unit 17001 Box 115
 APO, AP 96555
 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 our members, and that all members are responsible for a minimum of 8 hours per year of reimbursable effort to support club activities.

I/We are interested in supporting:

Ship Store Sales

Event Organization

Maintenance/Mowing

Meeting Meal Prep

Purser's Receipt-Membership

Member Name _____

Date: _____

AMOUNT PAID _____ Check # _____ or Cash

Received by _____