

Member Information Sheet 2020

Personal Information:

Last Name:	First Name:	DOB: / /	
Address:	City:	Zip:	State:
Email:	Home #: ()	Cell #: ()	
Spouse/Partner' Last Name	First Name:	DOB: / /	
Address:	City:	Zip:	State:
Email:	Home #: ()	Cell #: ()	

Members of the Family Under 21 Years:

Full Name:	DOB: / /
Full Name:	DOB: / /

Membership Type (select one):

Boat Owner	Small Boat Owner	Non Boat Owner	Senior Boat Owner	Senior Non Boat Owner
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Boat Ownership (select all that applied):

1 st Boat Name:	Designer:	Model:	Year:
Type: motor <input type="checkbox"/> sail <input type="checkbox"/>	Hulls: mono <input type="checkbox"/> cat <input type="checkbox"/> tri <input type="checkbox"/>	Engine: <input type="checkbox"/> hp	LOA: Beam: Draft:
Hull Color:	Hull/Sail #:	Mooring #:	Slip #:
NYS Reg #:	Insurance Name and Policy #:		

2 nd Boat Name:	Designer:	Model:	Year:
Type: motor <input type="checkbox"/> sail <input type="checkbox"/>	Hulls: mono <input type="checkbox"/> cat <input type="checkbox"/> tri <input type="checkbox"/>	Engine: <input type="checkbox"/> hp	LOA: Beam: Draft:
Hull Color:	Hull/Sail #:	Mooring #:	Slip #:
DMV Reg #:	Insurance Name and Policy #:		

Small Craft: Dinghy <input type="checkbox"/> Motor <input type="checkbox"/> Sail <input type="checkbox"/> Fish <input type="checkbox"/> Jet Ski <input type="checkbox"/> Rower <input type="checkbox"/> Other	ID or Reg #:
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Description:					
Engine: <input type="checkbox"/> hp	Color:	Length:	Weight: lb	Storage Area:	

I <u>Approve</u> distributing my info to the membership via:	Email <input type="checkbox"/> Log <input type="checkbox"/> News <input type="checkbox"/> Letters <input type="checkbox"/> Cell <input type="checkbox"/> Mail <input type="checkbox"/> None <input type="checkbox"/>
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Lockers utilized:	Women' ##	Men' ##	I'd like additional locker(s) <input type="checkbox"/>
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As in any Not For Profit Organization, each member is required to volunteer, please select one or more areas you'd be willing to serve

Social <input type="checkbox"/> Education <input type="checkbox"/> Racing <input type="checkbox"/> Cruising <input type="checkbox"/> House/Grounds <input type="checkbox"/> Docks <input type="checkbox"/> Launch/Moorings <input type="checkbox"/> Other

EMERGENCY CONTACT: ()	Name:	Relation:
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