



Albatross Yacht Club

P.O. Box 984, Warren, MI 48090

Application for Membership

Last Name: _____ Member Name: _____

Street Address: _____ Spouse Name: _____

City & State: _____ Zip Code: _____

Home Phone: _____ E~Mail Address: _____

Children's Name & Birthdates: _____

<u>Member Information:</u> Business Phone: _____ Occupation: _____ Employer: _____	<u>Spouse Information:</u> Business Phone: _____ Occupation: _____ Employer: _____
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Boat Information:
Name: _____ Sail Number: _____

Type & Size: _____ Docked At: _____

Sailing Background: _____

Primary Sponsor: _____ Secondary Sponsor: _____
Print Name Print Name

Primary Signature: _____ Secondary Signature: _____

I understand that membership brings with it a commitment to improve my own skills and knowledge, to share this with others and to actively participate in the work as well as the social aspects of Albatross Yacht Club (**\$100 annual dues + \$25 initiation**)

Signature: _____ Date: _____

Member Approved: Yes No Date: _____ Member#: _____