



APPLICATION FOR MEMBERSHIP
(Please Print)

ID# _____

FULL NAME: _____

ADDRESS: _____ (Number & Street) ALT ADDRESS: _____ (Number & Street)

(City, State, Zip Code) (City, State, Zip Code)

ALTERNATE ADDRESS MUST BE COMPLETED TO QUALIFY FOR AN OUT-OF-STATE/PART TIME (less than 6 months) MEMBERSHIP

Birth Dates (month/day): His: _____ Hers: _____

Phone: Home: _____ Cell: His: _____ Hers: _____

EMAIL: His: _____ Hers: _____

Boat Owner: Yes _____ No _____ Type of Boat _____ Length _____

Vessel's Name _____

Photo requested to publish in next edition of GHYC Membership Directory:

_____ (check here) Photo enclosed

_____ (check here) Photo emailed

Short Biography: _____

MEMBERSHIP TYPE

FULL TIME
SINGLE _____

FAMILY _____

OUT-OF-STATE/PART TIME (verify driver's license)
SINGLE _____

FAMILY _____

PROCESSING FEE OF \$150.00 + TAX PER PERSON.

DUES PAID WITH THIS APPLICATION: \$ _____ Check / Cash / Credit Card (circle one)

A member is accepted after approval by the Board of Directors, unless, there are seven (7) letters of rejection from the Membership within seven (7) days after the general membership has been notified. Dues are non-refundable once a member has been accepted.

APPLICANTS SIGNATURE: _____ DATE: _____

MEMBER SPONSOR: _____ DATE: _____

Action by Board of Directors: Accepted _____ Rejected _____