

## **Oconto Yacht Club**

## 1781 Yacht Club Road Oconto, WI 54153

## **Membership Application**

(Please return via mail or club member)

## **Applicant Information**

Applicant Name:				
Phone #:				
Email Address:				
Mailing Address:				
State:			Zip:	
lf spo	ouse would like to b	Spouse Info	ormation: ase complete a separate membership application	
Spouse`s Name:				
Phone #:				
			ence Information	
OYC Sponsor Name:	1			
		OR		
Reference Name:				
Reference Phone:				
Reference Email:				
			nformation	
Type of Boat:	Power	Sail	Other:	
Vessel Length:		Beam:	Draft:	
Vessel Name:				
			Model:	
OYC Services:	Summer dockage		Winter storage	
Special docking or s	torage requiren	nents:		

The Oconto Yacht Club requires that a "certificate of ins membership approval, please add Oconto Yacht Club as	surance" be on file for all boats docked or stored at OYC. Upon s a secondary insured to your policy.
Name of Insurance Carrier:	
Type of Coverage:	
Will your boat pass a Coast Guard examination?	Yes No
Have you taken a boating safety course?	Yes No
Years of Boating Experience:	
Types of Boats:	·
Have you ever been affiliated with another Yacht Club, E	Boating Club, or boating organization?
Yes (if yes, please complete the information below	w) No
• Name:	
Location/Address:	
Years of Membership:	_
by the governing regulations and the by-laws. I als year from the date of acceptance of my application	and as a member of the Oconto Yacht Club, I agree to abide so understand that my membership is probational for one in.  In a second of the Oconto Yacht Club, I agree to abide so understand that my membership is probational for one in the club.  In a second of the club.
Applicant Signature:	Date:
Do Not Writ	e Below This Line
Membership Recommendation: Approve	Reject Board Action: Approve Reject
Reason for Rejection:	
Additional Information:	
\$250 Initiation Fee Date Received:	\$400 Annual Dues Date Received:
Print:Secretary, Oconto Yacht Club	Signature:
	Secretary, Oconto Yacht Club
Date:	