



Cruising Under Sail
Gulf Yacht Club

APPLICATION FOR MEMBERSHIP

(Please print clearly; this information will be used to prepare the Roster.)

Applicant First Name: _____ Last Name: _____

Mate's First Name: _____ Last Name: _____

Street Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Home Phone: _____ Business Phone: _____

Applicant's Cell: _____ Mate's Cell: _____

Applicant's Email: _____ Mate's Email: _____

Boat Name: _____ Moorage Location: _____

Boat Make: _____ Length (Ft): _____

Pet Type/Name:
e.g. Cat/Kitty _____

If part-owner, give
details: _____

Additional Infor-
mation: _____

APPLICANT'S DECLARATION

- I/We consent to sharing all the member email addresses and contact information with club members for the purpose of promoting and coordinating club activities.
- I am the owner or part-owner of the sailing yacht described in this application, or I am the mate of the Member who owns the yacht.
- I have piloted a cruising sailing yacht across the Strait of Georgia and back with an overnight stop.
- I have not yet made the above crossing requirement. I understand that I will be an Interim Member and will become a full member when the crossing has been made.

Details from the log of the qualifying cruise:

Outbound departure from:	_____
Arrival at overnight stop at:	_____
Return trip to:	_____

I have completed these requirements.

Signature: _____

Date: _____

M/D/YY

