

~ MARCO CRUISE CLUB ~



MEMBERSHIP APPLICATION
P. O. BOX 1024 MARCO ISLAND, FL 34146

I (we) request membership in the Marco Cruise Club and agree to support and advance the goals of the Club and to abide by the by-laws, specifically, but not limited to:

Section 1.03 The objectives shall be to promote sociability, friendship and competence in boat handling through meetings, boat trips, social events and other activities . . .

Section 2.01 Any adult resident of, and residing for six months per year in the Marco Island Area who (a) owns a boat, or has an interest in Boating (b) believes in and will support the Club objectives, and (c) be willing to contribute effort, energy and skill to maintain membership shall be eligible to apply.

NAMES AS YOU WISH THEM TO APPEAR IN OUR ROSTER AND ON YOUR NAME TAGS:

FULL NAMES FOR ROSTER:

Captain _____

1st Mate _____

FOR NAME TAG:

Captain _____

1st Mate _____

Local Address _____

Months at local address (please circle) Full or Jan - Feb - Mar - Apr - May - Jun - Jul - Aug - Sep - Oct - Nov - Dec

Local Phone Numbers:

Res	Biz	Fax
Cell	E-mail	

Other address _____

Other telephone (_____) - _____

Name of Primary Boat _____ FL Registration # _____

Length _____ Beam _____ Draft _____ Manufacturer _____

Name of Secondary Boat _____ FL Registration # _____

Length _____ Beam _____ Draft _____ Manufacturer _____

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Members are expected to serve on committees to which they are named, and to respond affirmatively when volunteers are requested. Applicants not willing to serve will not be considered for membership.

We are willing to serve on the following committees: (Please name three)

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Balls/Parties | <input type="checkbox"/> Cruising | <input type="checkbox"/> Financial/Audit | <input type="checkbox"/> Contract Negotiator |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Historian | <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter/Roster |
| <input type="checkbox"/> Parliamentarian | <input type="checkbox"/> Photography | <input type="checkbox"/> Picnics | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Course Plotting | <input type="checkbox"/> Refreshments | <input type="checkbox"/> Safety | <input type="checkbox"/> Social Programs |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Web Site | <input type="checkbox"/> Where Needed | <input type="checkbox"/> Other (specify |

After a year as a member, would you be willing to serve as an Officer, director or Committee Chair ?
 Yes No

We are (I am) sponsored by the following two members that are in good standing, and are not husband and wife.

Signature of (#1) Sponsoring Member	Signature of (#2) Sponsoring Member
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Signature of Applicant(s)

After completing this Application, Attach Your Check in the Amount of \$60 and Present it to Your Sponsor. (\$42.50 if applying after June 30th)

The \$60 is made up of a \$25 one-time initiation fee/new member kit plus your first year annual dues of \$35. (\$17.50 if after June 30th) (New Member Kit Includes: Name Tags (2), Pocket Crest (1), Club Roster (1) and Club By-Laws (1))

This application and your check will be submitted by your sponsor (s) to the Membership Administrator, who will present it to the Board of Directors for appropriate action.

FOR CLUB USE ONLY:

FEES RECEIVED: \$ _____	DATE: _____
DIRECTORS: [] APPROVED [] DISAPPROVED	DATE: _____
MEMBERSHIP: [] APPROVED [] DISAPPROVED	DATE: _____
NOTIFIED OF MEMBERSHIP	DATE: _____
NAME TAGS ORDERED	DATE: _____
PRESENTED NAME TAGS	DATE: _____
PRESENTED NEW MEMBER KIT	DATE: _____
INDOCTRINATION COURSE COMPLETED	DATE: _____