

# MEMBERSHIP APPLICATION

Laguna Madre Yacht Club

PO Box 605, Port Isabel, Texas 78578

Initial Application Fee: \$100 Submitted with Application MEMBERSHIP # \_\_\_\_\_

Annual Dues: \$300 Prorated for the Calendar Month you are accepted as a Member <sup>[SEP]</sup>

**Your information/application will be posted for two weeks for review by the membership. You will be notified of the approval or disapproval of your application.**

NAME \_\_\_\_\_ BIRTHDAY MONTH \_\_\_\_\_ DAY \_\_\_\_\_

SPOUSE'S NAME (if applicable) \_\_\_\_\_ BIRTHDAY MONTH \_\_\_\_\_ DAY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SPOUSE PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

DO YOU OWN A BOAT?  YES  NO/NOT YET  HAVE IN PAST  SAILING EXPERIENCE

MAKE OF BOAT \_\_\_\_\_ BOAT NAME \_\_\_\_\_

**I have Liability Insurance covering other boats or boat passengers with whom I might have an accident during a club sponsored boating event.**  YES  NO  N/A

RECOMMENDED BY (1) \_\_\_\_\_  
Signature of Member Membership # Phone

(2) \_\_\_\_\_  
Signature of Member Membership # Phone

How did you find out about LMYC?  Membership Team  Website  Friend/Business Assoc  
Other (please specify) \_\_\_\_\_

**I hereby apply for membership in the LAGUNA MADRE YACHT CLUB. I agree to comply with and observe all rules, regulations, conduct codes and by-laws set forth by the Board of Directors (Flag Officers) as are now in force or may be hereafter adopted. Use of the yacht club facilities are for members and members guests when accompanied by the member. Memberships are non-transferrable.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**For <sup>[SEP]</sup>Office** Application and \$ \_\_\_\_\_ Received by \_\_\_\_\_ DATE \_\_\_\_\_

**Use <sup>[SEP]</sup>Only** Date Approved \_\_\_\_\_ Signed \_\_\_\_\_