



Clover Island Yacht Club

Application for Membership

104 Clover Island Dr Suite 101
Kennewick, WA 99336 509 586-9656



PERSONAL INFORMATION

www.CloverIslandYachtClub.com

Last Name _____ First Name _____
 Spouse _____ Spouse Cell _____ Children _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell # _____ E-Mail: _____

EMPLOYMENT INFORMATION

Employer _____ Occupation _____
 Business Address _____ City _____ State _____ Zip _____
 Work Phone _____ Ext # _____ E-Mail: _____

REFERENCES

Name _____ Phone _____
 Name _____ Phone _____
 Name _____ Phone _____

VESSEL INFORMATION

Vessel Registration Number # _____

Boat Name _____ Make _____ Length _____
 Trailer Make _____ License Number _____ State _____

If elected to membership, I agree to abide to all by-laws, rules and regulations of the Clover Island Yacht Club.

Signature of Applicant: _____ Date: _____

I hereby nominate this applicant for membership in the Clover Island Yacht Club. I believe that he/she would be a valuable addition to our club membership.

Signature of Member _____ Date _____

I hereby second the nomination of this applicant for membership in the Clover Island Yacht Club. I believe that he/she would be a valuable addition to our club membership.

Signature of Member _____ Date _____