## **Eglin Yacht Club Membership Application**

This form should be filled out then printed and given to the Eglin Yacht Club Membership Chairman

Fir	rst Name				Member Information  Last Name									
Sp	ouse's Nam	ie			Do you have internet access? Yes No									
Ac	ddress:													
Cit	ty:					State:	Zip:							
Н	ome Phone:				Work	Phone:		Rank/Grade:						
En	nail Address	s: _												
Your Status:														
	Military	Civil Service			Conti	actorand	l you are	e Active		Retired			Widowed	
						Boating	Informatio	n						
Boat Name					Type					Size			•	
Make Model					J.		tion Number	ber						
						Dive In	formation							
Da	te of Certificat	ion:					Type of Certification:							
Ce	rtifying Organi	zatio	n:				Registration	Registration on NR:						
Da	te of Last Phys	sical:					Instructor NR:							
Au	thentication B	y:					Date of Authentication:							
		you	r spous	se will be	expe	nization r	se Note un by volumenter your unteer your ng that you	r tiı	me for o	ne of	the du		When you listed below.	
	Bartender				Hambı	urger Night co	ooking crew chief			Han	Hamburger night crew helper			
	Dive equipment rental duty					ership dinne				Membership dinner crew helper				
Club self-help projects						dishes/meal					ther tasks as needed			
	ase list any s			ertise you	have,	signat	oing, carpent	ry,	painting,	, elect	rical, de	sign.	/layout, etc.	