



NAVARRE BEACH YACHT CLUB

MEMBERSHIP APPLICATION FORM

TODAY'S DATE: _____

LAST NAME: _____

FIRST NAME(S): _____

STREET ADDRESS: _____

CITY: _____ STATE/ZIP: _____

E-MAIL ADDRESS: (PLEASE PRINT): _____

PHONE NUMBER (AREA CODE IF NOT 850): _____

CELL PHONE NUMBER: _____

BOAT INFORMATION (OPTIONAL):

TYPE: POWER _____ SAIL _____ NAME: _____

YEAR: _____ MAKE: _____ LENGTH: _____

I agree to abide by the NBYC Charter and Bylaws :

APPLICANT'S SIGNATURE _____

MEMBERSHIP TYPE: *****NOTE: YEARLY DUES ARE PAID FROM FEB TO FEB*****

SINGLE (\$25) _____ FAMILY (\$35) _____

PURCHASE NBYC BURGEE (\$25) YES _____ NO _____

Make checks payable to Navarre Beach Yacht Club and mail to NBYC at:
P.O. Box 5455, Navarre, FL, 32566

Purser Initials/Date: _____ Recorder Initials/Date: _____

Membership Card Information: Please PRINT name(s) as they should appear on the card(s):

Name #1: _____

Name #2: _____