



# Clover Island Yacht Club

## Members Pertinent Data Change Form

Please Circle what Changes are needed below:

NAME                      ADDRESS PHONE                      EMAIL                      VESSEL                      FIRST MATE STATUS                      INSURANCE

Member Name: \_\_\_\_\_ First mate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Vessel Yr: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_

Registration # \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Please attach a copy of the Policy to this form.

Member Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Commodore or his/her designate: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_