



# Clover Island Yacht Club

## Application for Membership

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



### PERSONAL INFORMATION

[www.CloverIslandYachtClub.com](http://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 \_\_\_\_\_