

Mackinac Island Yacht Club
Box 511
Mackinac Island, Michigan 49757
906-847-3363

I hereby apply for membership in the Mackinac Island Yacht Club.

Name _____ Date of Birth _____

Summer Residence _____

City/State _____ Zip _____

Summer Phone _____ Cell _____

Winter Residence _____

City/State _____ Zip _____

Winter Phone _____ Cell _____

Email Address: _____

Boat Ownership: Yes _____ No _____

Type: _____ Home Port: _____

OCCUPATION: _____ Number of Years _____

Name of Firm: _____ Phone _____

Address _____

City/State _____ Zip _____

FAMILY: Marital Status _____ Spouse's Name: _____

Unmarried Children: Name _____ DOB _____
Name _____ DOB _____
Name _____ DOB _____

SOCIAL:

Name at least three members of the Mackinac Island Yacht Club, not including your sponsors, with whom you have social or business contact.

Please obtain the signatures of three member sponsors:

Member Sponsor Signature Member Sponsor Signature Member Sponsor Signature

Print Print Print

Date Date Date

Phone Phone Phone

This completed application, along with an application fee of \$100, must be received in order to process your request and place you on the waiting list for membership.

If your home address or phone number changes, please notify the Club Membership Committee, Box 511, Mackinac Island, MI 49757.

Date Received: _____ By: _____ Date \$100 Fee Received: _____ By: _____

Membership Committee Review: _____