Revised: April 9, 2019

Full Membership Application Form

Date of Posting:

Georgian Yacht Club

P.O. Box 382, Owen Sound, ON N4K 5P5

New Member	Child of Member	Past Member	
Spouse of Deceased M	lember Child of	Deceased Member	
To: MEMBERSHIP CHAIR (OF THE GEORGIAN YACHT	CLUB.	
		•	e capital corporation) and agree d Regulations as per the Georgia
This application form must	be completed fully. Use N	/A where needed.	
I reside within the 40 km radi	us from the Georgian Yacht 0	Club: Yes No	
Name (Print)	· · · · · · · · · · · · · · · · · · ·		
Boat Type:	Name o	f Boat:	
Beam:* Draft:*	Length:* Re	egistration Licence NO:	
*Note: The overall length i	ncluding bow sprit, swim p	latform, davits and tender,	and the actual draft and beam
Type and Number of Engines	s: I/O Outb	oard Inboard S	ize(HP):
Boating Experience:			
	Liability Amo		
Signature:		Date:	
The FULL MEMBER applica preferences:	nt MUST serve on at least 1 o	of the following committees.	Please indicate your top 4
List of Committees			
Planning & Development	.Treasurer	.Membership	.Mooring
Property & Building	.Social & Clubhouse	.Safety	.Haul out and Launch
Utilities	.Gas Dock	.Newsletter	.White Cloud
Full Membership Fees**: A	s per current Schedule "C"	,	
(**No mooring fees are pay	able until a moorings is off	eredl.	