Monroe Boat Club

7932 Bolles Harbor Drive Monroe, Michigan 48161-3825

APPLICANT MUST ANSWER ALL QUESTIONS BEFORE THIS APPLICATION WILL BE PROCESSED BY THE BOARD OF DIRECTORS

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Application for:	Regular Membership	р 🗆	Reinstatement			
Are you related to a current member:	Spous	e □ Son □	Daughter □			
Name:						
(First)	(Middle)	(Last)		(Date of Birth)		
Resident Address:				9		
(Street)		(City, State, Zip)				
Home Phone: E-mail Address:						
Employer:						
Business Address:						
(Street)		(City, State, Zip)		(Phone)		
Type of Business or Profession:						
Current Position:	P					
Schools/Colleges Attended:						
Other Organizations/Affiliations:						
	Camina		Dusinasa			
	Service					
Fraternal	Social					
Have you ever been rejected/expelle	d by this club, any cl	lub, or society? Yes	s□ No□			
(If yes, explain circumstances on sepa	rate sheet and attach i	to this application)				
Martial Status: Single □ M	farried □ Divord	ced □ Separated □	☐ Widow/Widower ☐			
If married, spouses name:						
Names and birth year of children unde				=		
realities and offer year of emidien unde	i the age 01 21.					
Have you ever been convicted of a for (If yes, give circumstance on separate		\Box this application)				
Date Application Recieved:						
Date Read & Posted:						
Date Applicant Inducted:						

Hobb	pies (list):			
Boati	ing Interests: Powerboats Sailboa	ats 🗆		
If you	u own a pleasure boat, please provide the follo	wing information:		
Make	e:	Name of Boat:		
Regis	stration No:	Length:	Beam:	Draft:
Туре	of Vessel:			
rejec acco	derstand that if I fail to answer the quest cted. If elected to membership, I agree a rdingly. I understand that acceptance of tion to MBC membership, does it guara	to acquaint myself with the of this application does not	by-laws and hous guarantee membe	e rules and govern mysel
(Sign	nature)	and the second s	-	(Date)
	RECOMMEND	ED BY THE FOLLOWING M	IBC MEMBERS	
	(Signatures of 3 spons	ors who have knowledge of the	applicant are required	1)
1)	Sponsor's Name (print)	N	Membership #	
	Address:	P	hone:	ü
Spon	sor Signature:			
2)	Sponsor's Name (print)		_	
	Address		Phone	
		* x		
~				
Spon	sor Signature:			
3)	Sponsor's Name (print)	,	Mamharshin #	
3)			-	
	Address:			
	sor Signature:			

Additional Applicant Information:

Sponsor Notification: One sponsor will be required to attend a Board meeting for the reading of this application.