



**MARTINON YACHT CLUB INC.**  
**Membership Form**

I, THE UNDERSIGNED, HEREBY APPLY FOR

FULL MEMBERSHIP

JUNIOR MEMBERSHIP (AGE 14-25)

ASSOCIATE MEMBERSHIP

PLEASE PRINT

NAME:	SIGNIFICANT OTHER/PARTNER NAME:
HOME PHONE:	CELL PHONE:
ADDRESS (please include postal code):	EMAIL ADDRESS:
TYPE & LENGTH OF BOAT:	NAME OF BOAT:
INTERESTS: <input type="checkbox"/> CRUISING <input type="checkbox"/> RACING <input type="checkbox"/> BOTH	

PROPOSED BY\*: \_\_\_\_\_

DATE: \_\_\_\_\_

SECONDED BY\*: \_\_\_\_\_

DATE: \_\_\_\_\_

**\* PROPOSERS: BY SIGNING THIS APPLICATION, YOU HEREBY COMMIT TO ACT AS MENTORS FOR THE SPONSORED APPLICATION.**

NOTE 1: ONLY ONE PROPOSER IS REQUIRED FOR ASSOCIATE AND JUNIOR MEMBERSHIPS

NOTE 2: IF JUNIOR MEMBER HAS NOT REACHED THE AGE OF 19, APPLICATION MUST INCLUDE PARENTAL SIGNATURE (IF NOT THE PROPOSER)

IF ACCEPTED, I AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE MARTINON YACHT CLUB INC. AND UNDERSTAND THAT I MUST PAY MY DUTIES IN FULL ON ACCEPTANCE OF THIS APPLICATION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Return completed form to:  
Martinson Yacht Club, 2 Essex Street, Saint John NB E2M 7B7 or by email - martinonyachtclub@gmail.com