

SUNSET HARBOR FLEET APPLICATION

APPLICANT INFORMATION

Name:

Current address:

City:

State:

Zip Code:

Member #

Phone:

Cell:

E-mail:

VESSEL INFORMATION

Name:

Type:

Length:

Beam:

Draft:

Where is your boat stored?

BOATING INTERESTS

Power Fleet ____ Sailing Fleet ____ Sport Fleet ____

SIGNATURES

I authorize the amount of \$10.00 per month to appear on my monthly statement to satisfy my Fleet dues. I agree to abide by the rules and regulations set there forth by the Fleet Committee.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership)*:

Date: