



Membership Application

Date Filed: _____

ANSWER ALL QUESTIONS COMPLETELY (please print)

First Name _____ Middle Initial _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone () _____ Business telephone () _____

Cell Telephone () _____ Email Address _____

Date of Birth _____ 6. Date of first Bayview Mackinac Race _____

Yacht sailed on _____ Skipper _____

What Yacht Club(s) do you now belong to? _____

would you like to become a Member of Bayview Yacht Club? “YES “NO

Please complete race history on back of application.

I hereby state that I have personally completed Twenty-five (25) Bayview Mackinac Races and I request membership into the Bayview Yacht Club Society of Old Goats:

Signature _____

Date _____

Bayview Mackinac Race History

Year	Yacht Sailed
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____