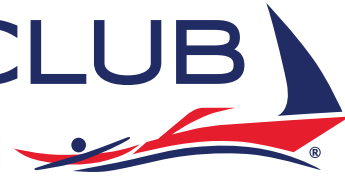


DULUTH SAIL & POWER SQUADRON AMERICA'S BOATING CLUB

DULUTH SQUADRON



MEMBERSHIP APPLICATION

Name (First/MI/Last) _____
Mailing Address: _____
City, State, Zip: _____
Telephone: Home _____ Work _____
Email: _____
Sex (M or F) _____ Birth Date _____ Spouse's Name _____

ADDITIONAL ACTIVE MEMBERSHIP

(Add adult in same household at a reduced membership rate)

Name (First/MI/Last) _____
Telephone: Home _____ Work _____
Sex (M or F) _____ Birth Date _____ Email _____

FAMILY MEMBERSHIP

(Add other adults/children in same household at a reduced membership rate)

1: _____ Birth Date (MM/DD/YY) _____ Sex (M or F) _____
2: _____ Birth Date (MM/DD/YY) _____ Sex (M or F) _____
3: _____ Birth Date (MM/DD/YY) _____ Sex (M or F) _____

PERSONAL SKILLS (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Hospitality/Meetings | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Dock Maintenance/Repair | <input type="checkbox"/> Public Speaking, Public Relations |
| <input type="checkbox"/> Art/Drawing/Drafting | <input type="checkbox"/> Membership/Member Involvement | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Computers/Audio Visual | <input type="checkbox"/> Medicine/Nursing | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Education/Instruction | <input type="checkbox"/> Newsletter/Printing/Publishing | <input type="checkbox"/> Writing/Editing/Grant Writing |

BOATING: Being a boat owner is not an AMERICA'S BOATING CLUB requirement; however, if you own a boat we would be interested in knowing if it is a (Power) or (Sail) boat (circle one), the name of your boat: _____ and the overall length of your boat: _____. What is your home marina, if applicable? _____ Which Duluth Squadron member most influenced you to join our organization? _____ Cert # _____

SIGNATURE: _____ **DATE:** _____

SINGLE MEMBERSHIP \$120/YEAR

ADDITIONAL/FAMILY MEMBERSHIP \$160/YR (New Members - 1x Admin Fee \$20)

SQUADRON ENDORSEMENT

(This section is completed by the local America's Boating Club unit to which this application is being submitted.)

Applicant(s) Endorsed By _____ Date _____

Ex Com Approval (signature) _____ Date _____

Please indicate if you have completed an approved course: (Not a requirement for membership)

Date Completed _____

Educational Certificate Type (check one): Certificate/Local America's Boating Club Course Certificate/Approved Equivalent Boating Course

Squadron/Provisional Name _____ Acct # _____ District _____

MEMCOM-1 1st copy to HQ, 2nd copy to Squadron Secretary/Treasurer, 3rd copy to Squadron Membership