



M U S C E T A C O V E Y A C H T C L U B

MEMBERSHIP

Yes! I would like to renew my Membership in the Musqueta Cove Yacht Club

My Name is _____

Street Address _____

City _____ State _____ Zip Code _____

Winter address, if applicable _____

City _____ State _____ Zip Code _____

Phone No. _____ Cel No. _____

Additional Phone No. (spouse or 2nd home. Please specify) _____

Email 1 _____ Email 2 _____

Name of Boat _____ LOA _____ Draft _____

Type of electrical hook up _____

Enclosed find along with this application, a check for:

FULL MEMBER (boat owner)
Annual Dues \$100.00

ASSOCIATE MEMBER (non-boat owner)
Annual Dues \$55.00

Checks payable to:

Musceta Cove Yacht Club

Return check and this form to:

MUSCETA COVE YACHT CLUB
P.O. Box 173
Sea Cliff, NY 11579

Please reply by May 15, 1008!

