

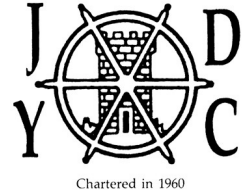
Application for Membership

Julien Dubuque Yacht Club

P.O. Box 45

Dubuque, IA 52004-0045

For Assistance Contact: Dean Millius at (563)590-0574 or
milliusd@msn.com



1. Applicant (Captain) Name: _____
2. Street Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Captain Cell: _____ First Mate Cell: _____
Home Phone: _____
5. Email (Captain): _____
6. Email (First Mate): _____
7. Crew Members: _____
8. Boat Name: _____
Make: _____ Model _____ Length _____
Permanent Sleeping Birth: Yes ___ No ___
Head: Yes ___ No ___
Full Galley (Refrigerator, Sink, Stove): Yes ___ No ___
9. Present Anchorage (Marina): _____ Slip #: _____
10. Names of Members You Know:
1. _____ 2. _____
11. Sponsor's Name: _____
12. Applicant's Signature: _____

-----**Internal Use Only**-----

Date Received: _____

Approved By: _____ Date Approved: _____

Membership Type: Gold ___ Silver ___ Associate ___

Payment Received: Yes ___ No ___ Check #: _____ Check Amount: _____

Updates To: Directory ___ Email List ___ Member List ___