

(914) 772-2119 (Lisa)/ (914) 633-7399 (Geri) www.echobayyachtclub.com

MEMBERSHIP APPLICATION

Full Name:						Date:
Home Address:						Birth Date:
City:	State:	te: Zip:		Cell Phone:		
Email Address:		Home Phone				
Employer:		Occupation:				
Business Address:						
City:			State	State: Zip:		:
Please list other family members	s for whor	n me	mbership	is requested	:	
Name:		Relationship:			Birth Date:	
Interests: Clubs, Affiliations, H	lobbies, S	ports	or Specia	al Skills		
How did you learn about Echo	Bay Yach	nt Clu	ıb?			
In the event of election to mer bylaws and constitution and all adopted.	_		•		_	
Signed						
Please send completed application to: Echo Bay Yacht Club, c/o Fran Sanfratello						

48 Westminster Court, New Rochelle NY 10801