



Wolfebro Corinthian Yacht Club Membership Application

Name _____ Date _____

Email _____

Phone (Mobile) _____ (Home) _____

Address (Summer/Local) _____

Address (Off-Season) _____

Are you an island resident? **No / Yes** Island Name? _____

Boat Information (if applicable, or you have a goal):

- Make / Model _____
- Length _____
- Name _____
- NH Registration # _____

How would you like to store your boat during the summer?

SLIP/DOCK

MOORING BUOY

VALET/DRY SAIL

If you join, what name(s) would you like to appear on your share certificate? (We recommend that if you do not use a trust, that you add "or Survivor" to your name(s) to avoid probate issues). Note: This is a LEGAL DOCUMENT

Name(s) _____

How do you intend to pay for your share? **IN FULL** **3 YEAR PAYMENT PLAN**

How did you hear about WCYC? _____

**Please deliver this completed application (along with required payments) to the
WCYC Marine Services Desk, or mail to:
WCYC, ATTN: Membership Chair, PO Box 605, Wolfeboro, NH 03894**