



CREDENTIALS FORM 2023-2024

Before filling out this form, please refer to our regulations.

MARK WITH AN X IF THERE WERE NO CHANGES.
Please complete the information in red.

seal _____ **Membership #** _____ **Date** _____

Partner Name _____ Age _____

Date of birth (month/day/year): _____ Occupation _____

Res Address: _____ Zip Code: _____

Postal Address: _____ Zip Code: _____

Partner Workplace: _____ Tel: _____

Main partner email: _____ Cell phone: _____
 Spouse's email: _____ Cell phone: _____

*** INFORMATION REQUIRED TO RECEIVE NOTIFICATIONS ***

Home phone: _____ Fax: _____

Signature: _____

Boat Owner (yes) (no) Name _____ **Length** _____

Is your boat in the Club? (yes) (no) Circle: dock either parking lot

*** DEPENDENTS * Do not include the main partner**

*** FOR OFFICIAL USE ONLY ***

<input checked="" type="checkbox"/>	# seal	Name	Age	Date of Birth (month/day/year)	Relationship	Occupation	Approved By:
					spouse		

NOTE: STUDENTS OVER 21 YEARS OLD MUST PRESENT VERIFICATION OF STUDY

Date received: _____ **Updated in QB by:** _____

Your account will be charged \$5.00 for each credential.
You must come to the office with this completed form before July 31, 2023.