



Ipswich Bay Yacht Club
P. O. Box 21
Ipswich, MA 01938
Membership Application

Future Boating/ Boating Associate Legacy
(Please Circle One of the Above)

Name(s): _____

Address: _____

Telephone(s): _____

Email address _____

Summer Address: _____

Applicant #1 _____

Date of Birth: _____

Occupation: _____

Business Address: _____

Business Phone: _____

Applicant #2: _____

(Spouse or significant other living at the same address)

Date of Birth: _____

Occupation: _____

Business Address: _____

Business Telephone: _____

Email address: _____

BOATING EXPERIENCE/COURSES TAKEN:

Talents/Expertise you could contribute to IBYC:

Names and ages of children who will be using the club (must be under age 25, single, and living at home)

Name of Sponsors:

1. _____
2. _____

If Associate Member Name of Partner or Parent:

Boat Description:

Type	_____	Manufacturer	_____
Color	_____	Name	_____
Length	_____	Beam	_____
Engine	_____	Draft	_____
H.P.	_____		

Date of Application to Harbormaster's Mooring wait list _____

I already have a mooring in Ipswich waters _____

I, _____, hereby apply for membership for membership in the Ipswich Bay Yacht Club and agree to abide by the rules and regulations if elected and understand that the application fee is non-refundable upon acceptance of membership.

Signed: _____

Date: _____

For Membership Committee Use Only:

Date Received: _____
Application Fee and Check #: _____
Seniority Date: (Application Complete): _____
Date Approved by Executive Board: _____
Date Joining as FB: _____
Date Joining as Boater: _____

Notes: