



Application for Membership

Applicant's Name: _____ DL# _____

Applicant's Spouse: _____ DL# _____

Home Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Business Phone: _____ Home Phone: _____

Lake Phone: _____ Fax: _____

E-Mail Address: _____

Club Newsletter sent to home: _____ or billing address: _____

Have you purchased a boat new or used from Arrowhead Boat Sales _____

Are you a slip renter at any of Arrowhead's locations _____

Are you a slip renter at Cherokee _____

Business/Occupation/Profession _____

Authorized Signers:

Applicant's Signature: _____

Spouses Signature: _____

Additional Signers

Child's Name: _____ Signature : _____ Date of Birth: _____

Child's Name: _____ Signature: _____ Date of Birth: _____

Child's Name: _____ Signature: _____ Date of Birth: _____

Child's Name: _____ Signature: _____ Date of Birth: _____

Authorized Signers may only be your children under 30 years of age.

If I shall become a member of Arrowhead and Cherokee Yacht Clubs, I promise to comply with and observe the by-laws, rules and regulations of the Club, I also agree that membership in the Club shall be subject to all such by-laws, rules and regulations now in force and those which may be legally adopted.

Signature of Applicant

Sponsor Name (please print)
(N/A if current member)

Signature of Sponsor

