MEMBERSHIP APPLICATION

CUMBERLAND VALLEY MODEL YACHT CLUB #347

https://cvmyclub.com

MEMBERSHIP INFORMATION (Please print legibly)

Jarl Wathne 213 Belvedere Ct

Falling Waters WV 25419

NAME	LAST	FIRST	MIDDLE INITIAL	PREFERRED FIRST NAME (NICKNAME)				
ADDRES	S	STREET AND NUMBER	CITY	STATE 2	ZIP CODE			
BIRTH DA	ATE	HOME TELEPHONE (EMAIL ADDRESS					
AMYA NU	JMBER	EXPIRATION DATE	FAMILY EMAIL ADDRESS					
LIST FAM NAME	LIST FAMILY MEMBERS TO BE INCLUDED IN THIS MEMBERSHIP NAME AMYA NUMBER BIRTH DATE EMAIL PHONE							
DUES CALCULATION								
Individual Membership (\$10) per Individual)								
Family		\$						
Total F	e)	\$						
Mail application and check to:								

BOAT REGISTRATION

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Submitting this application for membership to the Cumberland Valley Model Yacht Club (CVMYC) indicates that I (the undersigned*) and any family members are responsible for myself and common sense shall prevail. In consideration of accepting this application for yourself, heirs, executors and administrators, the undersigned waives and releases any/all rights to claim damages that may occur or that is acquired against the sponsor club, its members, the sailing site, the sailing site managers, employees, agents or representatives or assigns thereof, the American Model Yachting Association and its members. *Signature by an adult (over 18 years of age) required.

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Signature:						Date:	