



Membership Application

Name: _____

Spouse's Name: _____

Children: _____

Primary Address

Street Address: _____

City, State, Zip: _____

Secondary Address

Street Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Personal Email: _____

Type of Water Craft: _____

Overall Length: _____

Type of Water Craft: _____

Overall Length: _____

Where did you hear about the Yacht Club? _____

Questions? Call the Clubhouse 517-529-4454 or
Office 517-522-3689

Return to: **Clark Lake Yacht Club**

PO Box 178
Jackson, MI 49204

Member App.docx Oct 12, 2019

