

# Membership Application



*Merry Mariners*

Mail to: Marge Nielsen – Membership Chair  
2609 SE 20<sup>th</sup> Place  
Cape Coral, FL 33904  
(239) 573-6960

Website: [www.merrymariners.org](http://www.merrymariners.org)

Name(s): \_\_\_\_\_

Name(s) you want on your badge(s) if different from above:

(Local address) Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you a full-time resident of Cape Coral, Florida? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed the required Safe Boating course? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, certifying organization: Coast Guard \_\_\_\_\_ Power Squadron \_\_\_\_\_  
(Note: A copy of your Completion Certificate(s) must accompany this application)

Do you wish to be: Skipper \_\_\_\_\_ or Crew \_\_\_\_\_

If **Skipper**, complete the information below:

- ▶ Boat Name: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ Length: \_\_\_\_\_
- ▶ Are you willing to **take crew** on Merry Mariner boat trips? Yes \_\_\_\_\_ No \_\_\_\_\_
- ▶ Are you willing to **serve as crew** on Merry Mariner boat trips? Yes \_\_\_\_\_ No \_\_\_\_\_

(Membership is \$30 per person) A check for \$ \_\_\_\_\_ is included with this application.

<p><b>SPONSORS:</b> (Two required; must be members in good standing)</p> <p>_____ Sponsor Signature _____ Date</p> <p>_____ Sponsor Signature _____ Date</p>	<p><b>APPLICANT(S):</b></p> <p>_____ Applicant Signature _____ Date</p> <p>_____ Applicant Signature _____ Date</p>
<p>_____ Membership Chairperson Signature _____ Date</p>	