



# Membership Application

Mail to: Yolanda Olsen – Membership Chair  
 2822 SW 39th St  
 Cape Coral, FL 33910  
 (239) 471-7592

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

Names(s): \_\_\_\_\_

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

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

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

Are you a full-time resident in the area? Yes \_\_\_ No \_\_\_ If no, what months do you generally spend here? \_\_\_\_\_

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 \_\_\_

<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>	