



Membership Application

Mail to: Jim Bowen – Membership Chair
 1922 SE 37th St
 Cape Coral, FL 33904
 (239) 549-8984

Website: www.merrymariners.org

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