

**Gallipolis Boat Club, INC**  
**PO Box 1092**  
**Gallipolis, Ohio 45631**

**Member Information Form:**

Dock: \_\_\_\_\_ Slip: \_\_\_\_\_ Member Only: \_\_\_\_\_

Net Credited Services Date: \_\_\_\_\_

Consecutive Dockage Years: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_ Wife: \_\_\_\_\_

**Address:**

\_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Children Under 18 Years Of Age:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you attended a Safe Boating Course from: USCG Auxiliary: \_\_\_ Y \_\_\_ N

US Power Squadron: \_\_\_ Y \_\_\_ N

**Boat:**

Make: \_\_\_\_\_ Type: \_\_\_\_\_

Name(s) On Title: \_\_\_\_\_

Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Color: \_\_\_\_\_

Material: \_\_\_\_\_ # Of A/C's: \_\_\_\_\_ # Of Hot Water Tanks: \_\_\_\_\_

# Of Refrigerators: \_\_\_\_\_ CB Call Letters: \_\_\_\_\_ VHF Call Letters: \_\_\_\_\_

Registration #: \_\_\_\_\_ Boat Name: \_\_\_\_\_

Boat Liability Insurance: \_\_\_ Y \_\_\_ N Amount: \$ \_\_\_\_\_ (\$100,000.00 Liability Required)

**A COPY OF YOUR INSURANCE COVERAGE INCLUDING THE TERM MUST BE ATTACHED**

Trailer Make: \_\_\_\_\_ Length: \_\_\_\_\_ Storing At Club: \_\_\_ Y \_\_\_ N

**Boat House:**

Length: \_\_\_\_\_ # Of Hot Water Heaters: \_\_\_\_\_ # Of A/C's: \_\_\_\_\_

# Of Refrigerators: \_\_\_\_\_ Boathouse Liability Insurance: \_\_\_ Y \_\_\_ N

Amount: \$ \_\_\_\_\_ (\$100,000.00 Liability Required)

**A COPY OF YOUR INSURANCE COVERAGE INCLUDING THE TERM MUST BE ATTACHED**

**Vehicles:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**(PLEASE RETURN THIS COMPLETED APPLICATION TO THE DOCK MASTER, SECRETARY OR A BOARD MEMBER)**