

APPLICATION FOR MEMBERSHIP



600 Beach Road • West Haverstraw, NY 10993 • 845-429-2001 • fax 845-429-8353 • E-mail: marina@haverstrawmarina.com

PERSONAL INFORMATION

				Customer No. (Office only)	Email		
Last Name		First Name		Birth Date	Name of Spouse/Partner		Social Security No.
Home Address			City	State	Zip		Home Phone
Firm Name or Employer				Occupation		Cell Phone	
Business Address			City	State	Zip		Business Phone
Person to Notify in Case of Emergency		Relationship	City, ST	Home Phone	Business Phone	Cell Phone	

BOAT INFORMATION

Boat Name			Make	REG.#			
			Year	Serial / Hull ID #			
Power	Swim Platform	LOA	Fiberglass	Insurance Carrier (Certificate of insurance required)			
		Beam	Metal				
Sail	Bow Pulpit	Draft	Wood				
Boat Owner (If Other than Above)		Address		City	State	Zip	Home Phone

TRAILER INFORMATION

Vin #:	Make:	Year:
Plate #	Color:	Type: Roller Bunk

SEASONAL PREFERENCES

<i>Annual Preferences</i>	Winter Storage: On Land In Water	Summer Slip Preferences:			
<i>Summer Only</i>	Summer Slip Preferences	Electrical Requirements	1/30-125	1/50-250	1/50-125
<i>Winter Only</i>	On Land In Water		2/30-125	2/50-250	2/50-125

How did you first hear of Haverstraw Marina?	Signature
Previous Marina:	Date