

APPLICATION FOR MEMBERSHIP

Please provide all of the requested information.



600 Beach Road • West Haverstraw, NY 10993 • 845-429-2001 • fax 845-429-8353

PERSONAL INFORMATION

Customer No. (Office only)

Last Name		First Name		Birth Date	Name of Spouse / Partner	
Home Address			City	State	Zip	Home Phone
Firm Name or Employer				Occupation		Business Phone
Business Address		City		State	Zip	Social Security No.
Person to Notify in Case of Emergency		City	State	Relationship	Home Phone	Business Phone

BOAT INFORMATION

Boat Name			Make	REG.#		
			Year	HIN#		
Power <input type="checkbox"/>	Swim Platform <input type="checkbox"/>	LOA	Fiberglass	Insurance Carrier (certificate of insurance required)		
Sail <input type="checkbox"/>	Bow Pulpit <input type="checkbox"/>	Beam	Metal			
		Draft	Wood			
Boat Owner (If Other than Above)		Address	City	State	Zip	Home Phone

TRAILER INFORMATION

Vin #:	Make:	Year:
Plate #	Color:	Type: <input type="checkbox"/> roller <input type="checkbox"/> bunk

Previous Marina:

SEASONAL PREFERENCES

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

How did you first hear of Haverstraw Marina?

Signature	Date	Marina Representative
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