

**KEAUHOU-KONA YACHT CLUB
MEMBERSHIP APPLICATION**



PLEASE PRINT

Date: _____

NAME OF 1st APPLICANT: _____

Preferred Mailing Address: _____

City _____ State _____ Zip _____

Phones: Res: _____ Cell: _____

Email: _____

Name Badge: _____ Birthday month/day _____

Secondary Address: _____

City _____ State _____ Zip _____

Res Phone: _____

NAME OF 2nd APPLICANT (If applicable): _____

Cell: _____ Email: _____

Name Badge: _____ Birthday month/day _____

Reason for applying for membership: _____

PLEASE MAKE YOUR CHECK PAYABLE TO KEAUHOU-KONA YACHT CLUB.

**KEAUHOU-KONA YACHT CLUB
P. O. BOX 1502
KAILUA-KONA, HI 96745**

I (we) hereby apply for membership in the Keauhou-Kona Yacht Club and do agree to uphold the purpose of the Club and abide by its rules and regulations.

1st Applicant's Signature _____ Date _____

2nd Applicant's Signature _____ Date _____

**KEAUHOU-KONA YACHT CLUB
MEMBERSHIP APPLICATION**



To: Applicant for Membership

Thank you for your interest in the Keauhou-Kona Yacht Club (KKYC). Attached is our application form.

The Board of Directors of the Keauhou-Kona Yacht Club meets each month. All membership applications are read at two consecutive Board meetings. The membership approval process is as follows: Upon submission of a completed application, the Membership Chairperson will present those names to the Board for a first reading. The list of prospective members will then be published in the Club newsletter and presented again by the Membership Chairperson at the subsequent Board meeting for a second reading. If approved by the Board at the second reading, the applicant becomes a member of the Club and a name badge is provided. Applicants may attend Club activities at the member rate during the processing period (two Board meetings). All members and guests are required to wear badges or nametags at Club functions.

Membership Chairperson: Lisa LaForge ~ Phone: 650-391-391; lisa_laforge@yahoo.com

Membership No(s): _____; _____

**KEAUHOU-KONA YACHT CLUB
SPONSOR'S COMMENTS**

This page must be completed by the sponsor and attached to the membership application when submitted to the Membership Chairperson. PLEASE PRINT.

Name of Applicant(s): _____

Name of KKYC Sponsor: _____

How long have you known the Applicant(s)? _____

I recommend the above Applicant(s) for KKYC membership.

Sponsor's Signature _____ Date _____