

**KEAUHOU-KONA YACHT CLUB  
MEMBERSHIP APPLICATION**



*PLEASE PRINT*

Date: \_\_\_\_\_

NAME OF 1<sup>st</sup> 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 2<sup>nd</sup> 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.**

1<sup>st</sup> Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> 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 on the second Tuesday of each month at 4:30 PM. 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: John Gallos ~ Phone: 419-290-5217; jjg555@aol.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 \_\_\_\_\_**