LaPorte Yacht Club, Inc

812 Pine Lake Avenue, PO Box 1785 LaPorte, IN 46350

219-326-5253

Applicant Info: First Name: DOB: Member email: Address: DOB: Address: City/State Zip Cell # Home # Employment Spouse/Significant other: Spouse/Partner email: Cell # Cell # Home # Employment Spouse/Partner email: Cell # Home # Cell # Home # Employment Please fill out: 1. Can we call upon you to volunteer for various projects, parties, planning events? Yes No 2.) Is there an area you would like to help out in? Please Circle: Maintenance Committee Pier Committee Gambling Committee Club Clean Up Day Finance Committee Party Committee Advertising/Social Media Committee Kitchen Committee Bar Committee Other:	(Please Check One)	
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Applicant Signature:	eduled l upon	
For LPYC Board to fill out:		
Date contacted to appear at a meeting: By		
Method of Dues Payment: Cash Check # CC		
Acceptance Date:		