

CLUB DEPORTIVO MEMBERSHIP APPLICATION

APDO 84-83340, BAHIA de KINO, SONORA, MEXICO • PHONE & FAX: 011-52-662-242-0321

U.S. Mailing address: CLUB DEPORTIVO • P.O. Box 1065 • Green Valley, AZ 85622

Please Print CLEARLY or Type

DATE: _____

Line 1. Name _____
(Last, First, Middle)
Spouse Name _____
(Last, First, Middle)

Line 2. _____
(Home Street Address)

Line 3. _____
(Home City, State, Zip Code)

Line 4. _____
(Home Phone) (Home Fax) (Primary E-mail address)

Line 5. _____
(Kino Bay Street or Mailing Address – indicate Old Kino or New Kino)

Line 6. _____
(Kino Bay Phone) (Kino Bay Fax) (Kino Bay E-mail address, if different)

Line 7. _____
(VHF Radio Call Sign) (Spouse's Radio Call Sign)

Line 8. Boat Make _____ Model _____ Length _____
Colors _____ Engine Type and H.P. _____ Registration State & # _____
Fuel Capacity _____ Water Capacity _____

Line 9. Aircraft Make _____ Type _____ Registration # _____
Seating Capacity _____ Range _____ Radio Equipment _____

Line 10. Do you or your spouse have any medical or emergency medical training? (If yes, please explain.) _____

Line 11. Are you willing to participate in Rescues by: Land _____ Sea _____ Air _____

Line 12. Special interests/hobbies: _____
Spouses's special interests/hobbies: _____

Line 13. In case of emergency, notify: (Please give name, address, work & home phone & relationship to you.) _____

NOTE: If this emergency information changes, please change your records at the Club.

Are you willing to receive your Club Newsletters, Phone Lists, and Updated Membership Directories via e-mail? _____

Sponsor Name _____ Sponsor Signature _____

As part of my/our membership, I/we acknowledge receipt of a **Club Directory** (including hard cover), a **current issue of the newsletter**, a **phone directory**, and a **copy of the Club bylaws**. _____

Please tell us how you learned about Club Deportivo _____

IMPORTANT — PLEASE READ BEFORE SIGNING:

By signature/s below, I/we attest to having read and agree to abide by Club bylaws. I/we understand that annual dues, as set by the bylaws, are **due and payable prior to the 1st of January** of each and every year. I/we further understand that if dues are not paid, I/we relinquish all Club privileges and benefits. In keeping with Article III, Paragraph 3.3, I/we acknowledge that **after two successive years of unpaid dues, membership is fully terminated**, and thereafter a new application and membership initiation fee must be remitted to reinstate membership.

YOUR SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____