



HARBOR MASTERS OF MAINE

FOUNDED 1982

APPLICATION FOR MEMBERSHIP

NAME: _____ DATE: _____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ @ _____ PRONOUNS: _____

PHONE: (____) _____ - _____ ALT PHONE: (____) _____ - _____

MEMBERSHIP STATUS FOR WHICH YOU ARE APPLYING FOR: _____ FULL _____ ASSOCIATE

REASON FOR WANTING TO JOIN HARBOR MASTERS:

HOBBIES / TALENTS / INTERESTS:

TWO SPONSORS WHO ARE FULL MEMBERS: (SIGNATURES REQUIRED TO SUBMIT APPLICATION)

OTHER CLUB AFFILIATIONS: (L.L. OR M.C.)

ATTACHED PHOTO: (OPTIONAL)

NOTE: FEE MUST BE PRESENTED WITH APPLICATION FORM.