



BAYVIEW MACKINAC OLD GOATS

Membership Application

Date Filed: _____

ANSWER ALL QUESTIONS COMPLETELY (please print)

First Name _____ Middle Initial _____ Last Name _____

Home Address _____ City _____ State Zip _____

Home Telephone _____ Business _____ Cell _____

E-mail Address _____ Date of Birth _____

Date of first Bayview Mackinac Race _____ Yacht sailed on _____

Skipper Name _____

What Yacht Club(s) do you belong to? _____

Would you like to become a Member of Bayview Yacht Club? **“YES” “NO”**

Please complete race history on back of application.

I hereby state that I have personally completed Twenty-five (25) Bayview Mackinac Races and I request membership into the Bayview Yacht Club Society of Old Goats:

Old Goat Application Deadline: September 1st

Signature _____

Date _____

Old Goat Application Deadline: September 1st

Bayview Mackinac Race History

Year	Yacht Sailed
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
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16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____

Old Goat Application Deadline: September 1st