



# Membership Application



Top of The Bay Cruising Association  
P.O. Box 590  
North East, MD 21901-0590

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Mate \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ e-mail (?) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile(?) \_\_\_\_\_

Occupation: \_\_\_\_\_

**Boat Information** Manufacturer \_\_\_\_\_ Year \_\_\_\_\_

Model \_\_\_\_\_ Name of Vessel \_\_\_\_\_

Loa \_\_\_\_\_ Beam \_\_\_\_\_ Draft \_\_\_\_\_ Electrical \_\_\_\_\_ 30 amps \_\_\_\_\_ 50 amps

**Marina** \_\_\_\_\_ Phone \_\_\_\_\_ Slip # \_\_\_\_\_

Address \_\_\_\_\_

**Most Enjoyed Boating Activity** \_\_\_\_\_

**Favorite Ports or Locations in which you would like to see ToBCA functions. Please place in order of importance.** \_\_\_\_\_

**Proposed By:** \_\_\_\_\_

All proposed members will agree, by signing this application, not hold Top of the Bay Cruising Association or its officers liable for accidents, damage, injury or death while participating in any Association activity.

**Proposed Members Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For ToBCA Use: Date Approved \_\_\_\_\_ Initialed by: \_\_\_\_\_