



Marco Island Yacht Club

MEMBERSHIP APPLICATION



Please complete all sections of the application that apply.

Member Information

Name _____ Birth Date _____

Cell Phone _____ Home Phone _____

Email _____ Wedding Anniversary _____

Local Address _____

Condo Name (if applicable) _____

Secondary Address _____

Boat Information (if applicable) _____

(Name, Size, Make)

Co-Member Information

Name _____ Birth Date _____

Cell Phone _____ Home Phone _____

Email _____

Local Address _____

Membership Category

Full
Social

Full with Equity*
Trial

Referred By _____

I agree to abide by the rules and regulations established by Marco Island Yacht Club.

Applicant

Date _____

Applicant

Date _____

Membership Director

Date _____

**Full Members may purchase an equity stake in the Club for an additional \$9,000.
Dues and Initiation Fee are Non-Refundable*

membership@marcoislandyachtclub.net

239-394-0199

marcoislandyachtclub.net

1400 N Collier Blvd. Marco Island, FL 34145



Your "Second Home" On The Island