West End Cruising Club

Registration Form

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Family Members: _____ , _____
Spouse Child's Name & Birthday

_____ , _____
Child's Name & Birthday Child's Name & Birthday

Boat Name: _____

CF or Doc #: _____

Length: _____ Boat Type (circle one): Power / Sail Home Port: _____

Billing: Members will receive an invoice at the end of each month summarizing charges incurred during that month. Supporting receipts will not be provided with the invoice but will be available for examination for 30 days from the date of invoice. Payment is due within 15 days of invoice date and invoices not fully paid after 15 days will incur a finance charge of 1.5% per month. Your charging privileges may be suspended in case of late payment of invoices.

_____ _____
Signature Date