



Catalinas of Santa Monica Bay

Paula Bertik
Fleet Captain
16833 Germain Street
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Gisela Dawson
Membership Chair
1045 East Road
La Habra Heights, CA 90631
Phone: (310) 560-5838

2016 APPLICATION FOR MEMBERSHIP

Applicant & Spouse/Partner Name _____

Mailing Address _____

City/Zip _____

Please list all phone numbers and email addresses that we should have and identify them:

Phone Home _____

Phone Cell _____

Email _____

Email _____

Yacht Club affiliation, if any _____

Boat Information:

Boat Model _____ Boat Name _____

Berth Port _____ Slip# _____ Marina _____

Mmsi # _____ Hull # _____ Sail # _____

Spinnaker: ____ (oz/type), Jib: ____ %, Prop _____ (fold/feather/fixed), Rig _____ (std/tall)

If you wish, please write a short explanation of how and why you selected your boat name.

I hereby apply for membership in the Catalinas of Santa Monica Bay:

Signature of applicant: _____ Date _____

Please forward completed application and \$25.00 check, payable to Treasurer **Ouida Peterson** to:
Gisela Dawson, Membership Chair, 1045 East Road, La Habra Heights, CA 90631