

2022 Membership Application

	Returning Member? □Yes □No			
	Family Last Name		Adult First Name(s)	
	Child(ren) Names & Ages	1.	3. (+ \$35)	5. (+\$35)
		2.	4. (+\$35)	6. (+\$35)
0	Type Of Membership:	☐ Single	☐ Family	
FAMILY INFORMATION	Single Adult Family Membership consistage and under. Please add \$35	pership: \$2	225 muardians and up to 2 kids 22 year	Please make checks payable to Wilson Boatyard and mail to: Wilson Boatyard Marina PO Box 441 Gasport, NY 14067
CONTACT INFORMATION	Address Email Home Phone EMERGENCY CONTACT			
	Cell Phone		Name	
	2nd Cell Phone		_ Phone	
	Work Phone		Alt Phone	
	2nd Work Phone		Relationship	
НЕАІТН	Please list any health or physical conditions which may raise the risk of death or injury to self or others so that the WHPC can take any precautionary steps that are appropriate to assist the member.			
AGREEMENT	I have read and understand the WHPC's bylaws and agree to abide by them. I acknowledge that swimming and pools are inherently dangerous. I hereby release and hold harmless the Wilson Harbor Pool Club, The Wilson Community Enhancement Charity, Inc., Harbor Properties Inc., The Wilson Boatyard Marina, Inc., The Wilson Boathouse, Inc., and any and all of their owners, employees, agents, and assigns from any and all liability, including, but not limited to, any liability which may result from my use, my family's use, and/or my guests use of any of the above entities' land, parking, pool, showers and changing facilities, pool club equipment and amenities. Both adult signatures are required if applicable.			
	Signature and Dat	e	Signature and Da	vite WOEC

Please mail completed form and check **payable to Wilson Boatyard** to: Wilson Boatyard Marina PO Box 441 Gasport NY 14067

For Office Use: respond gft xtra pss mem crd emer dot other