



CENTRAL FLORIDA CRUISE CLUB
P.O. Box 592433
ORLANDO, FL 32859-2433
WWW.CENTRALFLORIDACRUISECLUB.COM

Membership Application
(Revised 03/22/11)

CFC Membership Number: _____

Captain's Last Name: _____ First Name: _____

1st Mate's Last Name: _____ First Name: _____

Crew Members (Family): _____

Address: _____ City/Zip: _____

Home Phone: _____ Work Phone: _____

Captain's Cell Phone: _____ E-Mail: _____

1st Mate's Cell Phone: _____ E-Mail: _____

Boat Name: _____

Make: _____ Model: _____

Power (I/O, I/B or O/B): _____ Length: _____ Beam: _____

Color(s): _____ Registration Number: _____

The requirements for membership, as stated in the By Laws, include the participation in one cruise, attendance at one club meeting and sponsorship by an active member. Please note your qualifications below:

Cruise/Date: _____ Meeting Date: _____

Sponsor Name: _____

I understand that CFCC encourages all members to maintain a policy of Liability Insurance for the protection of other boaters and their property against injury or damage caused by my boat, operated by myself or others, during club activities.

Insurance Carrier: _____ Policy Number: _____

In signing this application, I agree to abide by the By Laws of the CENTRAL FLORIDA CRUISE CLUB, INC.

New members are encouraged to complete a boating safety course. If available, please enter the boating safety course information below.

Course Name: _____ Certificate #: _____

Applicant's Signature : _____ Date: _____

Initiation and membership dues through December 31st of the first year is \$45. Renewal fee will be \$35.00/yr if paid by December 31st and \$40 if paid after the 1st of the following year.