



Central Florida Cruise Club

P.O. Box 621356
Oviedo, Fl. 32762-1356
www.centralfloridacruiseclub.com



Membership Application (Revised 12/03/2018)

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: _____

LIABILITY RELEASE FOR CENTRAL FLORIDA CRUISE CLUB, INC.

In consideration of the opportunities given to me and all persons on my vessel by the Central Florida Cruise Club, Inc., its Officers and Board of Directors, I do hereby release the Central Florida Cruise Club, Inc, its Officers and Board of Directors, from all actions and causes of action, suits, claims and demands for damages that occur to me by virtue of my participation in any Central Florida Cruise Club event, to any occupant of my vessel, or to my vessel, motor, trailer, or any other equipment owned by me which I have or which any of the above named persons or their successors, heirs or assigns hereafter may have against the Central Florida Cruise Club, Inc., its Officers and Board of Directors, from the signature date below until I am no longer a member of the Central Florida Cruise Club, Inc.

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 understand the conditions stated above, and have duly explained those conditions to all persons who may travel on or aboard my vessel on any Central Florida Cruise Club, Inc. event. In the event one or more of those persons may be of an age or have an impairment that may keep them from understanding these conditions as written I do accept all responsibility for those persons. I also agree to abide by the By Laws of the CENTRAL FLORIDA CRUISE CLUB, INC.

Applicant's Signature: _____ Date: _____

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

Course Name: _____ Certificate #: _____

Initiation and membership dues through December 31 of the first year is \$45. Renewal fee will be \$35.00 per year after the first year. Renewals received after January 31st will result in member's information not being published in the new club roster for the year.