

East Islip Anglers Association Inc.
Winter Berthing Application

Member
Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

NYS Registration Number: _____ LOA: _____ Beam: _____

Insurance Company: _____ Policy #: _____

Emergency Contact 1: _____

Emergency Contact 2: _____

- Emergency Contacts should be someone in the club who will have access to your boat if there is a problem and you are unavailable.
- Please provide current proof of insurance.
- The Berthing committee/Board of Directors reserve the right to deny winter storage to any vessel that is in poor condition and deemed not seaworthy.
- Send (1) this application, (2) along with a check for \$300 payable to *East Islip Anglers* and (3) proof of insurance by October 15th to: Bob Almes * 63 Smith Ave * Islip, NY 11751. For any questions, contact Bob: 516-458-1817.

Signed: _____ Date: _____