TVMYS Membership Application

Select Membership Option:

____ New Member **Application Date _____**

____ Renewal

First Name _____ Last Name _____

Email_____

Preferred Phone _____ AMYA# _____Villages Resident ID _____

Local Address_____

City _____ State _____ Zip Code _____

Mailing address (if different from local address)

Mailing Address _____

City _____ State _____ Zip Code _____

Emergency Contact

Name _____ Phone Number _____

Please provide registered sail number and number on the jib for *ALL* boats you may sail at TVMYS:

	Sail #	Jib #		Sail #	Jib #
EC12	_____	_____	DF95	_____	_____
Soling	_____	_____	DF65	_____	_____
IOM	_____	_____	RC LASER	_____	_____
_____	_____	_____	_____	_____	_____

Sign Here: _____

TVMYS dues for *new members* (due at time of application). ***Make checks payable to TVMYS*.**

New Member Fee $25 Annual Fee After first year $25

Send this form with the signed Full and General Release and check to:

John Rumplasch, Treasurer, 473 Cokesbury Drive, The Villages, FL 32162

(Oct 2026 ver5)