



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	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Sign Here: _____

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

Joining Jan 1 – May 31 \$12

Joining Jun 1 – Dec 31 \$8

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

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