



Port Madison Yacht Club Application for Junior Membership

Date _____

Jr. Sailor's Name _____

Are parents PMYC members? Y or N BIHS Sailing Team member? Y or N

Please participate in two PMYC events before submitting your application.

1st Event & Date: _____

2nd Event & Date: _____

Contact information for our members-only directory and accounting:

Jr. Sailor's Email (if applicable) _____

Mailing Address _____

Birthdate (PMYC Jr. members are ages 8-20) _____

Parents' Names _____

Parents' Cells _____

Parents' Emails _____

(If applicable) Sailor's Boat Name _____ Type _____

Please email this application and any questions to juniors@portmadisonyc.org .
Information about PMYC Jr. sailing and race team can be found on our webpage:
<https://portmadisonyc.org/juniors>

Thank you for your interest! We look forward to seeing you at PMYC and on the water!