



Panama City Coastal Cruisers



Membership Application

Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Important for delivery of Monthly Newsletter

Boat Name: _____

Power/Sail – Circle One Boat Length: _____

Would you be interested in serving on a committee or program? _____

Dues are \$25.00 per year.

(Please check one.)

___ Check - Please make checks payable to - P C Coastal Cruisers.

___ Cash - If paying by cash please obtain a receipt from Treasurer – Diana Pieper.

This application can be printed and ...

- handed to any officer or member.
- brought to any club meeting.
- Mailed to: Glenn Pieper - Membership Chairman, 1000 E 2nd Court, Panama City, FL 32401

For office use only

___ Application forwarded to membership chairman Glen Pieper

Application information forwarded to:

___ Email Manager – Greg Vernon

___ Webmaster – Warren Drake

Payment Received ___ Amount: _____ Date: _____

___ Payment forwarded to Treasurer – Diana Pieper.