Manatee Cove Marina Membership Application		on Mem	Membership #	
Last Name:	First Name:	Middle Initial:		
Spouse:				
Address:	City:			
State:	Zip Code:	Email:		
Home Phone:				
Cell Phone:	Pager:	FAX Number:		
Branch of Service:	Grade:	Status:		
Name:	Work Phone:		FORCE SUPPORT SQUADRON VW.gopatrickfl.com	
Until further written notice, this a debit my MASTERCARD/VISA accomonth for that month's dues/fee Cove Marina will debit your account my MASTERCARD/VISA become Marina in person or in writing an publicized changes in membersh I understand I may be accessed as	ount for membership dues a s. If the payment date falls on int on the next business day. es invalid for any reason, I wil d update this form. I acknow hip dues and dockage fees, if	nd/or rental fees on the 1 a holiday or weekend, Pa I promptly notify the Patr ledge that the payment a applicable. If my account	st business day of each strick AFB Manatee ick AFB Manatee Cove mount will vary with becomes delinquent,	
90 days past the original billing a Card Type: (Circle One) MASTER Card Number:	·			
Expiration Date:				
If my account becomes delinquent ove against my check for the total amount of and/or the Treasury Offset Program. Up AFB Manatee Cove Marina	due through HQ AFPC Shared Servi	ce Center to the Defense Finar	nce and Accounting Service	
Signature of Cardholder:		Date:		
Resignations must be presented month WITH security gate access become collectable for that mon	in writing and must REACH to card (if issued) AND the Mar	ne Manatee Cove Marina	•	
PRIVACY ACT NOTICE AUTHORITY: 10U.S.C.8012, 44U.S.C.3101: AN PRINCIPLE PURPOSE: To serve as a members ROUTINE USES: To maintain accountability of DISCLOSURE IS VOLUNTARY: Failure to provi	hip application for an individual wishir of members and serve as emergency lis	ting to each new member.	e Cove Marina	
Dockage Waiting List (Circle t	hose that apply) WET SLIP	WET COVERED SLIP	DRY STORAGE	
POWER SAIL LENGTH OF	VESSEL:	STAFF INT	_ DATE	