

Last Name _____ First Name _____ Middle Initial _____
Spouse _____ DoD ID # _____ Email _____
Address _____ City _____
State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Branch of Service/DoD _____ Grade _____ Status _____

EMERGENCY CONTACT INFORMATION

Name _____ Home Phone _____ Work Phone _____

MEMBERSHIP ACTIONS

ADDRESS CHANGE:

Street _____ Email _____
City/State/Zip Code _____
Home Phone _____ Cell Phone _____

RESIGNATION:

Resignations must be presented in writing and **MUST REACH** the Manatee Cove Marina prior to the 15th of the month WITH security gate access card (if issued) AND Marina Membership card or fees will be charged and become collectible for that month.

I resign my Manatee Cove Marina membership - effective:

Membership Card returned: _____ **Security Gate Card returned:** _____
(\$10 fee if card not returned)

Reason for resignation: _____

Member Signature: _____ **Date:** _____

PRIVACY ACT NOTICE

AUTHORITY: 10U.S.C.8012, 44U.S.C.3101: AND EO 9397

PRINCIPLE PURPOSE: To serve as a membership application for an individual wishing to join the Patrick SFB Manatee cove Marina.

ROUTINE USES: To maintain accountability of members and serve as emergency listing to each new member.

DISCLOSURE IS VOLUNTARY: Failure to provide the necessary information could result in refusal of membership.

Member Signature: _____

Staff Int/Date: _____ / _____

Please Use the Google Drive App to fill out on a cell phone.