

NEW**CLUB DEPORTIVO MEMBERSHIP APPLICATION**

USA: Club Deportivo, 190 W. Continental Rd. 216-253, Green Valley, AZ 85622 Tel. 520-812-1591

MEX: Club De Deportistas Bahia de Kino A C, Calle Cadez #98/Enrique Esqueda Col, Kino Nuevo, Sonora 83348 Tel.662-356-1737

Please Print

Member #

Assigned by Office

Please Print

Member #

Assigned by Office

if different than Member #1

NAME - MEMBER 1			NAME - MEMBER 2		
Last	Initial	First	Last	Initial	First
US/CDN INFORMATION			US/CDN INFORMATION		
Street Name & Number		Apt./Lot #	Street Name & Number		Apt./Lot #
City	State/Province	Zip/Postal Code	City	State/Province	Zip/Postal Code
() Home Phone	() Cell Phone		() Home Phone	() Cell Phone	
MEXICAN INFORMATION			MEXICAN INFORMATION		
Street Name & Number		Apt./Lot #	Street Name & Number		Apt./Lot #
Village/City	State	Postal Code	Village/City	State	Postal Code
() Home Phone	() Cell Phone		() Home Phone	() Cell Phone	
Email ADDRESS for CLUB CORRESPONDENCE			Email ADDRESS for CLUB CORRESPONDENCE		
RADIO/MARINE INFORMATION			RADIO/MARINE INFORMATION		
VHF Call Name	Boat Name		VHF Call Name	Boat Name	
EMERGENCY CONTACT INFORMATION			EMERGENCY CONTACT INFORMATION		
Name	Relationship		Name	Relationship	
Phone Number and/or eMail address			Phone Number and/or eMail address		
Do You Have Any Medical or Emergency Medical Training?			Do You Have Any Medical or Emergency Medical Training?		
If YES - Please Explain:			If YES - Please Explain:		
Are You Willing To Participate in Rescues?			Are You Willing To Participate in Rescues?		
If YES			If YES		
Land _____ Sea _____ Air _____			Land _____ Sea _____ Air _____		

NEW

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(continued)

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Please Print

Please Print if different than Member 1

MEMBER 1 - continued	MEMBER 2 - continued
What Are Your Special Interests/Hobbies?	What Are Your Special Interests/Hobbies?
SPONSOR	SPONSOR
Name:	Name:
Signature:	Signature:
MEMBER 1 - SIGNATURE	MEMBER 2 - SIGNATURE
<i>By signing below, I attest to having read and agree to abide by the Club Bylaws. I understand that the annual membership fee, as set by the Bylaws, is due and payable prior to the 1st of January every year. I further understand that if the annual membership fee is not paid, I relinquish all Club privileges and benefits. In keeping with Article III, Paragraph 3.3, I acknowledge that after two (2) successive years of unpaid fees, membership is fully terminated, and therefore a new application and membership fee must be remitted to reinstate membership.</i>	
Signature	Signature
Date: MM/DD/YYYY	Date: MM/DD/YYYY

NOTE: If any of this information provided changes, please notify the Club Office.

Changes may be emailed to: clubmanager@clubdeportivokino.com

This application, along with a check made out to Club Deportivo for your annual membership fee may be dropped off at the Club Office or mailed to our US address:

Club Deportivo
190 W. Continental Rd, 216-253
Green Valley, AZ 85622

For Office Use Only	
Manager:	Entered into
Receipt #: _____	QB by: _____
Receipt Date: _____	Date: _____