



EDISON BOAT CLUB

100 LYCASTE, DETROIT, MI 48214 PHONE 313-821-2975
MEMBERSHIP APPLICATION

TELL US ABOUT YOURSELF:

Active Employee
 Retired Employee
 Active Contract Employee
 Son/Daughter of Active/Retired Employee Member
(To avoid delay, be sure to include employee ID #)

Parent's Name: _____ Parent's ID Number: _____

First Name	Last Name	Employee ID Number
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Spouse / Significant Other's Name	Children's Names
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Home Address	City	State	Zip
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Home Phone	Cellular:	Home E-Mail Address
	Pager:	

Include my name in the EBC Roster
 If accepted, I am interested in storing my boat at the EBC
 Include my birth date in the Newsletter (Date: MM/DD) _____
 I prefer to receive the EBC Newsbuoy (Newsletter) via *(check only one)* :
 Home E-Mail
 Business E-Mail
 US Postal Service to my Home

TELL US WHERE YOU WORK:

DTE / Department / Subsidiary / Other	Title
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Mailing Address	City	State	Zip
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Work Phone	Cellular/Pager:	Work E-Mail Address
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TELL US WHY YOU WANT TO JOIN THE EBC:

<p> <input type="checkbox"/> To learn to sail <input type="checkbox"/> To use the Restaurant <input type="checkbox"/> To store a boat <input type="checkbox"/> To meet new people <input type="checkbox"/> To rent the Banquet Room <input type="checkbox"/> Other, please explain _____ </p>	<p> WHICH COMMITTEES WILL YOU SERVE ON? * Participation Requirement: 15 Hours per year or billed Fee of \$150.00 the following year (\$10 per hour)*. </p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Entertainment</td> <td><input type="checkbox"/> Maintenance</td> </tr> <tr> <td><input type="checkbox"/> House</td> <td><input type="checkbox"/> Dock</td> </tr> <tr> <td><input type="checkbox"/> Finance</td> <td><input type="checkbox"/> Sailing/Racing</td> </tr> <tr> <td><input type="checkbox"/> Membership</td> <td><input type="checkbox"/> Publicity</td> </tr> <tr> <td><input type="checkbox"/> Mainstays (Ladies Auxiliary)</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Maintenance	<input type="checkbox"/> House	<input type="checkbox"/> Dock	<input type="checkbox"/> Finance	<input type="checkbox"/> Sailing/Racing	<input type="checkbox"/> Membership	<input type="checkbox"/> Publicity	<input type="checkbox"/> Mainstays (Ladies Auxiliary)	<input type="checkbox"/> Other
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Maintenance										
<input type="checkbox"/> House	<input type="checkbox"/> Dock										
<input type="checkbox"/> Finance	<input type="checkbox"/> Sailing/Racing										
<input type="checkbox"/> Membership	<input type="checkbox"/> Publicity										
<input type="checkbox"/> Mainstays (Ladies Auxiliary)	<input type="checkbox"/> Other										

MEMBERSHIP DUES AND APPLICATION PROCESS:

Membership Dues and Requirements — Active Member: \$100.00 — 2nd Gate Card: \$5.00 — Restaurant Minimum: \$80.00 Member's Widow \$10.00

All Membership Dues must be paid at the time of Application. Please make your check or money order payable to Edison Boat Club. We also accept Visa or MasterCard for membership dues and other fees.

All Members must sign the accompanying DTE Employee Participant Agreement: Leagues, Clubs, and Associations and submit it with this application.

Once we have received your Application and dues, your application will be presented to the Board of Directors for acceptance at the next Board Meeting. (Schedule of Board Meetings is posted on the Club Bulletin Board.)

*Applicants living outside of a 100 mile radius of the Edison Boat Club are exempt from the Restaurant Minimums and Participation Requirements.

If you have any questions, please contact our Office Administrator at 313.821.2975.

OFFICE USE ONLY

Date Received by EBC: by Membership Chair:	Check # / Money Order # / Credit Card	Date Approved by EBC Board
Date Verified: Membership Chair	Date Packet Mailed	

EBC Participant Agreement (“Agreement”)

I voluntarily wish to be a member of the Edison Boat Club (“EBC”). In consideration of being admitted, or continuing as a member, I agree as follows:

1. To abide by the constitution and by-laws of the EBC and represent that I am acquainted with their provisions and commit to stay informed of, and be bound by, all future amendments or revisions thereto;
2. To accept full responsibility for any and all property damage and/or personal injuries to myself and the treatment thereof and all the consequences flowing there from;
3. To release and hold harmless DTE Energy Company, its affiliates, the EBC and their respective officers, agents, and employees, from any claim, loss, damage, cost, charge, expense, lien, settlement or judgment, including interest thereon, for personal injury, including death, and/or property damage, arising directly or indirectly out of my membership(s) or as a result of my presence on or use by me, or others in connection with my presence or use, of the premises, boats, mobile hoist, tools, equipment or other things regardless of whether any injury or damage is caused, in whole or in part, by any alleged, or actual, negligence on the part of the entities and persons released hereby; and
4. This Agreement supersedes any prior agreements addressing substantially similar subject matter; and
5. That this Agreement shall remain in full force and effect until it is superseded by a written agreement addressing substantially similar subject matter.

Member’s Signature: _____

Member’s Printed Name: _____

Date Signed: _____

ID# or membership #: _____

Work Location: _____

Work Phone: _____

EBC MEMBER INFORMATION

Please fill out the enclosed form completely. It is essential that the EBC Office have correct and current contact information for you, including an e-mail address, phone number, and the Committees you are interested in working on.
Thank You, Membership Committee

			<i>O.K to put in EBC Directory?</i>
Member Name	First:	Last:	<input type="radio"/> Yes <input type="radio"/> No
Spouse	First:	Last (If Different):	<input type="radio"/> Yes <input type="radio"/> No
Home Address:	House #/Street:		<input type="radio"/> Yes, Home <input type="radio"/> No, Home <input type="radio"/> Yes, Work <input type="radio"/> No, Work
	Apt #/Unit #		
	City:	State: ZIP	
Work Address: DTE or Other (If retired, enter RETIRED)	#/Street:		
	Room/Bldg.		
	City	State Zip	
Phone Numbers:			<i>O.K to put in EBC Directory?</i>
	Home:	() -	<input type="radio"/> Yes <input type="radio"/> No
	Work:	() -	<input type="radio"/> Yes <input type="radio"/> No
	Cell:	() -	<input type="radio"/> Yes <input type="radio"/> No
	Pager:	() -	<input type="radio"/> Yes <input type="radio"/> No
E-mail:			<i>O.K to put in EBC Directory?</i>
	Home:		<input type="radio"/> Yes <input type="radio"/> No
	Work:		<input type="radio"/> Yes <input type="radio"/> No
Send Newsbuoy to: (Check One)	E-mail Address: (Preferred) <input type="radio"/> Home <input type="radio"/> Work	US Mail <input type="radio"/> Home <input type="radio"/> Work	
Committee Interests (Check more than one if interested)	<input type="radio"/> None <input type="radio"/> Dock <input type="radio"/> Entertainment <input type="radio"/> Finance <input type="radio"/> House	<input type="radio"/> Maintenance <input type="radio"/> Membership <input type="radio"/> Sailing/Race <input type="radio"/> Publicity <input type="radio"/> Dry Storage	<input type="radio"/> Mainstays (Women's Auxiliary) <input type="radio"/> Other _____
Boat Name (Boat Owners)	_____		<input type="radio"/> Yes <input type="radio"/> No
Member Signature:	_____ Date: _____		