NAME/S $\qquad$

ADDRESS $\qquad$

## TO BE COMPLETED BY HARBOR TEAM SECRETARY

DATE $\qquad$

PHONE \# $\qquad$ APPROVAL

## CELL \#

$\qquad$ EMAIL

I hereby apply for membership to the Fox River Grove Harbor Team. I understand the fees are as follows:
One-time initiation fee: $\quad \mathbf{\$ 5 0 0}$
One-time security deposit:* \$300

Annual membership fee: $\quad \mathbf{\$ 2 5 0}$

* Security deposit refundable upon exit from the Harbor Team

All fees must be paid prior to acceptance of membership in the Harbor Team. If I am not accepted into the Harbor Team, fees will be refunded.

It is agreed that my boat meets all requirements with the State of Illinois Department of Conservation and the Fox River Waterway Management Agency. Below is my boat information:

TYPE $\qquad$ LENGTH $\qquad$

BOAT LICENSE \#
COLOR(S) $\qquad$

I have liability insurance in full affect and force, with information below:

## INSURANCE COMPANY

AGENT NAME $\qquad$

## AGENT PHONE \#

$\qquad$

I understand that all of the above information must be completed, and if any of it changes or becomes invalid for any reason, it must be updated and provided to the Harbor Team Secretary. I understand that insurance is required for membership, and evidence of this insurance is required prior to membership approval and each and every year following as a member of the Harbor Team. I understand that if I am not a resident within the Village limits of Fox River Grove, Illinois - my membership will be cancelled per the by-laws of the Harbor Team.

I understand that acceptance into the Harbor Team will require active participation on my behalf.

SIGNATURE $\qquad$

DATE $\qquad$

## Mail completed application to:

Mary-Aileen Rikardsen 901 Lincoln Ave.
Fox River Grove, IL 60021

