



International Order of the Blue Gavel

CHAPTER APPLICATION



District: _____

Date: _____

Yacht Club: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Location of Club House or Permanent Meeting Place: _____

Years Club Established: _____ Number of Members: _____ Number of Past Commodores: _____

Does the Yacht Club meet the qualifications for membership as defined in the IOBG Bylaws? ___

If not, please explain: _____

Signature of Chapter President : _____

Please attach a list of Charter Member's names, names of spouses or companions, and addresses. Please include a check for International dues for each charter member.

Recommendation of District President: _____

Recommendation of District Director: _____

Recommendation of Area Vice President: _____

President /s/: _____ Director /s/: _____

Area V.P. /s/: _____

IOBG Executive Committee Approval / Disapproval:

President: _____ President Elect: _____

First V.P.: _____ Second V.P.: _____

Past President: _____ Treasurer: _____