



Outrigger Harbour Yacht Club Checklist

Please use this checklist to help ensure your application is complete and ready to be submitted.

- Membership Application Page
- Agreement Page
- Vehicle Information Page
- Copy of Insurance Policy
- Vessel Registration
- Photo of Vessel
- Email Consent form
- Maintenance fee options
- Copy of executed Sales/Lease Contract
- Registration Fee of \$125.00 payable to Watson Association Management

Please make sure when submitting your application all documents, and fees are included.

***** If an application is submitted that is **NOT** complete, it will **NOT** be accepted and/or processed. Please ensure that you have all the required information, forms and signatures to avoid any delay(s) in the approval of your application.

***Please submit and/or send all complete applications and fees to Watson Association Management, LLC office located at 430 NW Lake Whitney Place, Port St. Lucie, FL 34986**

430 NW Lake Whitney Place, Port St. Lucie, FL 34986
435 S. Yonge Street #3, Ormond Beach, FL 32174
1410 Palm Coast Parkway NW, Palm Coast, FL 32137

Phone 772.871.0004 Fax 772.871.0005
Phone 386.252.2661 Fax 386.673.4943
Phone 386.239.1555 Fax 386.246.9271



OUTRIGGER HARBOUR YACHT CLUB SLIP MEMBERSHIP APPLICATION

Share Owner (MEMBER) Name: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

Slip will be used for:

- Personal use – vessel will be docked
- Offer Slip for Rent

VESSEL INFORMATION

- To be determined
- Information provided

Length: _____ Year: _____ Make: _____

Color: _____ State: _____ Tag#: _____

VIN#: _____ Other: _____

Disclaimer (Initial next to each one)

_____ The vessel owner acknowledges that they are storing their vessel at their own risk and that the Association bears no responsibility and all risks whether liability, theft or otherwise are at the owners risk and expense.

_____ The member acknowledges that the vessel(s) docked is registered and insured.

_____ If you do not own, or do not intend on placing a vessel in the boat slip at this time, you must still complete Membership Form and pay the \$125.00 registration fee. Once slip becomes occupied by a vessel, proof of insurance, registration, and vessel photograph must be provided to Management within 30 days of such occupancy.

Signature: _____ Date: _____

Signature: _____ Date: _____

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AGREEMENT

I/We hereby agree that THE ENTIRE VESSEL INCLUDING ANY BOW SPRIT OR SWIM PLATFORM, WHEN MOORED, IS COMPLETELY WITHIN THE FOOTPRINT OF THE SLIP AS REPRESENTED IN THE SURVEY DOCUMENTS. NO ALLOWANCE FOR WATER DEPTH WILL BE ALLOWED. If the Vessel extends beyond the footprint of the slip, I/We hereby agree to immediately remove the Vessel.

Each Marina Member must be prepared for mandatory vessel removal in the event of a hurricane warning.

Mandatory Vessel Coverage. Each Marina Member shall maintain liability insurance on his Vessel occupying his Marina Slip in the minimum amount of \$1,000,000.00, the policy of which shall name the Association as an additional insured. Alternatively, each Marina Members shall maintain liability insurance on his Vessel occupying his Marina Slip in the minimum amount of \$300,000.00 and an umbrella policy to insure the Vessel occupying his Marina Slip in the minimum amount of \$700,000.00, both policies of which shall name the Association as an additional insured. Proof of adequate insurance coverage shall be provided by each Marina Member to the Association once per year as determined by the Board of Directors.

LESSEE/PURCHASER: _____ Date: _____
Signature(s)

LESSEE/PURCHASER: _____ Date: _____
Printed Name(s)

LESSEE/PURCHASER: _____ Date: _____
Signature(s)

LESSEE/PURCHASER: _____ Date: _____
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Association Management

APPLICATION FOR VEHICLE PERMIT

Name: _____ Phone: _____
Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

DESCRIPTION OF VEHICLE(S):

VEHICLE #1:

Make: _____ Model: _____ Year: _____
Color: _____ Gross Weight: _____ VIN: _____
Vehicle Tag: _____ State: _____
Registered to: _____
Street Address: _____
City: _____ State: _____ Zip: _____

VEHICLE #2:

Make: _____ Model: _____ Year: _____
Color: _____ Gross Weight: _____ VIN: _____
Vehicle Tag: _____ State: _____
Registered to: _____
Street Address: _____
City: _____ State: _____ Zip: _____

PLEASE NOTE:

- ALL INFORMATION ON THIS FORM MUST BE COMPLETED
- ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE (S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW FORM

Signature: _____ Date: _____

Signature: _____ Date: _____

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EMAIL CONSENT FORM

A new Florida statute states it is against the law to send mass emails to owners without their written consents. By completing, signing, and returning this form, you are authorizing the Board of Directors of the OUTRIGGER HARBOUR YACHT CLUB and Watson Association Management to email notifications of Association meetings, minutes or other correspondence in lieu of receiving them by regular mail. Your email address will **not** be used for any other purpose than those listed in the previous sentence.

I also understand that Annual owner meetings and Special Meetings requiring membership voting or establishing a quorum will NOT be sent via E Mail but via regular or certified mail as prescribed by law.

Yes

I authorize OUTRIGGER HARBOUR YACHT CLUB and Watson Association Management to email me appropriate meeting notices, minutes, reports, and other correspondence.

Email Address: _____

Phone Number(s): _____

Slip Number: _____

Signature(s): _____

Printed Name(s): _____

No

I do not want to receive emails from OUTRIGGER HARBOUR YACHT CLUB and Watson Association Management.

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MAINTENANCE FEE PAYMENT OPTIONS

- Option 1:** Mail Payments 430 NW Lake Whitney Place, Port St Lucie, FL 34986

or

- Option 2:** Direct Payments (ACH Debits): Please complete the following, and return same with this Application:

Association Name: Outrigger Harbour Yacht Club Account Number _____

I (we) hereby authorize CenterState Bank, to initiate debit entries from the bank account indicated below for the benefit of the depository named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. *I (we) confirm that the source of the funds for payment of these debit entries will NOT originate from a Financial Agency's office located outside the territorial jurisdiction of the United States.*

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

This authorization is to remain in full effect until the Originator has received written notification from the bank account owner(s) of any termination. This should be done in a suitable manner to allow all parties involved the opportunity to process any changes within a reasonable amount of time.

Name (please print) _____

Name (please print) _____

Account Holder Signature _____ Date _____

Account Holder Signature _____ Date _____

Note: In case of revoked authorization, written notification must be made to the originator no later than 15 days before the effective date of the next transaction.

Please attach a VOIDED check

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