

2024 GCBA Who's Who & Member Club Information

Club or Organization name: _____ **Year Organized:** _____

Club's Website address (if applicable): _____

Address: _____

Phone #: _____

State: _____

Fax #: _____

Zip Code: _____

Change of Watch Month: _____

Club Membership size (Approx): _____

Commodore:

Name: _____

Phone #: _____

Address: _____

State: _____

Zip Code: _____

Email: _____

Willing to receive information by email? Yes No

Vice Commodore:

Name: _____

Phone #: _____

Address: _____

State: _____

Zip Code: _____

Email: _____

Willing to receive information by email? Yes No

Rear Commodore:

Name: _____

Phone #: _____

Address: _____

State: _____

Zip Code: _____

Email: _____

Willing to receive information by email? Yes No

Fleet Captain

Name: _____

Phone #: _____

Address: _____

State: _____

Zip Code: _____

Email: _____

Willing to receive information by email? Yes No

Secretary:

Name: _____

Phone #: _____

Address: _____

State: _____

Zip Code: _____

Email: _____

Willing to receive information by email? Yes No

Treasurer:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Past Commodore:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Auxiliary Chairperson:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Entertainment Chairperson:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Regatta Chairperson:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Membership Chairperson:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

GCBA Delegate:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

GCBA Delegate:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

GCBA Delegate:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

I-LYA Delegate:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Newsletter Editor:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Blue Gavel President:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

US Power Squadron:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

US Coast Guard Auxiliary:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Club / General Manager:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Dockmaster:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Other:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Other:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Other:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Other:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Other:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Other:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Other:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____

Other:

Name: _____
Address: _____
State: _____
Zip Code: _____
Willing to receive information by email? Yes No

Phone #: _____

Email: _____
