

SPRAY BEACH YACHT CLUB
P.O. Box 1125, Spray Beach, NJ 08008

MEMBERSHIP APPLICATION

Choose type of membership you are applying for:

- Senior Family* Senior 25+ Intermediate (19-24)
 Junior (7-18) Junior Sailing (7-18: MUST be a Junior Member)

*Family membership includes husband and wife. Children are to be enrolled separately.

Full name of candidate: _____

Email address: _____

Permanent address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Cell phone: (____) ____ - _____

Summer address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Cell phone: (____) ____ - _____

How would you like us to communicate with you? Email Regular Mail

Single Married Divorced Widow(er) Date of birth: _____

Spouse's name: _____ Date of birth: _____

Names of children under 25 years of age:

_____ Date of birth: _____

_____ Date of birth: _____

_____ Date of birth: _____

_____ Date of birth: _____

Name of sponsor #1: _____

Sponsor #1 signature: _____ Date: _____

Name of sponsor #2: _____

Sponsor #2 signature: _____ Date: _____

What is your business/profession/occupation/title?

Name of employer/business:

Business address:

_____ State: _____ Zip: _____

If retired, what was your former occupation?

What is your spouse's business/profession/occupation/title?

If retired, what was your spouse's former occupation?

What clubs, associations, or organizations do you belong?

I am interested in: (check all that apply)

Sailing Racing Power Boating Fishing Other: _____

Do you own a boat? Yes No Type: _____ Length: _____ Power: _____

Aside from your sponsors, list the names of any current SBYC member that you know:

Explain why you wish to join SBYC and how you feel you may contribute to the club:

Please provide information about yourself and/or family that you believe may be helpful to the Membership Committee in determining eligibility of membership:

I understand that the submission of this information will in no way bind me to accepting membership if, when my name comes to the top of the waiting list, my circumstances are such that I am unable or no longer interested in joining. I understand that the information I have provided will be held in the strictest of confidence.

Applicant signature: _____

Date submitted: _____

Date received: _____