

SPRAY BEACH YACHT CLUB

P.O. Box 1125, Spray Beach, NJ 08008

Club Office: (609) 492-6845

E-Mail: sbvc2@verizon.net

Website: www.spraybeach.org

MEMBERSHIP APPLICATION

Please check all of the following membership types that pertain to your application:

- Senior Family*: a married couple
- Senior Individual: a non-married individual not less than 25 years of age
- Intermediate: a non-married individual not less than 19 nor more than 24 years of age
- Junior: an individual not less than 7 nor more than 18 years of age whose parent(s), grandparent(s) or guardian(s) are active members of SBYC
- Junior Sailing: same as above, and intending to participate in the Junior Sailing program - must also be a Junior member

*Senior Family membership includes husband and wife only. Children are to apply as members separately.

Full Name of Adult Applicant:	
Date of Birth:	Current/Most Recent Employer:
Occupation/Former Occupation:	Retired? <input type="checkbox"/>
E-Mail Address:	Cell Phone:
To what club(s), association(s), or organization(s) do you belong?	
I am interested in: <input type="checkbox"/> Sailing <input type="checkbox"/> Racing <input type="checkbox"/> Power Boating <input type="checkbox"/> Fishing <input type="checkbox"/> Social Activities <input type="checkbox"/> Other:	

Full Name of Spouse, if applying as Senior Family:	
Date of Birth:	Current/Most Recent Employer:
Occupation/Former Occupation:	Retired? <input type="checkbox"/>
E-mail address:	Cell Phone:
To what club(s), association(s), or organization(s) do you belong?	
I am interested in: <input type="checkbox"/> Sailing <input type="checkbox"/> Racing <input type="checkbox"/> Power Boating <input type="checkbox"/> Fishing <input type="checkbox"/> Social Activities <input type="checkbox"/> Other:	

Full Name of Intermediate Applicant(s):		
1)	Date of Birth	
2)	Date of Birth	
3)	Date of Birth	
4)	Date of Birth	
Full Name of Junior Applicant(s):		
1)	Date of Birth	Jr. Sailing? <input type="checkbox"/>
2)	Date of Birth	Jr. Sailing? <input type="checkbox"/>
3)	Date of Birth	Jr. Sailing? <input type="checkbox"/>
4)	Date of Birth	Jr. Sailing? <input type="checkbox"/>
Full Name of Pre-Junior Family Member(s) – under the age of 7:		
1)	Date of Birth	
2)	Date of Birth	
3)	Date of Birth	
4)	Date of Birth	

Permanent Address: Street:		
City:	State:	Zip Code:
Home Phone:		
Summer Address, if different: Street:		
City:	State:	Zip Code:
Home Phone:		
Do you as an individual or family own a boat(s)? <i>Please check all of the following which apply:</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be purchased <input type="checkbox"/> Sailboat (length: _____) <input type="checkbox"/> Power boat (length: _____) <input type="checkbox"/> Land based <input type="checkbox"/> Water based Are you interested in obtaining a boat slip at SBYC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly Timeframe: _____		

Please detail why you wish to join SBYC and how you feel you may contribute to the club.
 (If completing in hard copy, feel free to attach additional pages, as necessary.)

--

Please provide any additional information about yourself and/or your family that you believe may be helpful to the Membership Committee in determining eligibility for membership.
 (If completing in hard copy, feel free to attach additional pages, as necessary.)

--

Names of sponsors

1)	Relationship:	Yrs Known
----	---------------	-----------

As a sponsor, I will not only write a letter of recommendation and forward it to the membership chairperson as soon as possible for this applicant(s), but I will also take an active role in "new member orientation" throughout the two-season probationary period should this application be accepted.

Signature of Sponsor	Date
----------------------	------

2)	Relationship:	Yrs Known
----	---------------	-----------

As a sponsor, I will not only write a letter of recommendation and forward it to the membership chairperson as soon as possible for this applicant(s), but I will also take an active role in "new member orientation" throughout the two-season probationary period should this application be accepted.

Signature of Sponsor	Date
----------------------	------

Aside from your sponsors, please list the names of any current SBYC member(s) that you know:		
1)	Relationship:	Yrs Known
2)	Relationship:	Yrs Known
3)	Relationship:	Yrs Known

<i>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.</i>	
Applicant's signature:	Date
Co-Applicant's/Spouse's signature, if applying as Senior Family:	Date

.....

<u>FOR SBYC USE ONLY</u>
Date received by Club Administrator, as applicable:
Date received by Membership Committee Chairperson: