

Membership Application Form

FOR OFFICE USE ONLY

Proposal Received _____ Fees Received _____ Membership No. _____
Check or CC _____ Check No. _____ Payment Date _____ Amt. \$ _____

TO: Board of Directors, Shoreline Yacht Club

PLEASE PRINT:

Type of Membership (circle one) Regular Shore Date _____

Person 1:

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Ph _____ Cell _____ Email _____

Business/Profession/Occupation _____

Business Address _____

Phone _____ Fax _____ Email _____

Which address is to be used for all Yacht Club Mailings? (circle one) Residence/Business

Which is your preferred phone number for contact? _____

I know the following yacht club members: _____

Other Yacht Clubs or Boating Organizations I belong to: _____

The extent of my boating experience is: _____

ACTIVITY INTERESTS:

As a new member, I will be expected to participate in our activities, both as a participant and as a host/sponsor. The Club activities I would be interested in are (please check or circle all that apply):

<input type="checkbox"/> 4 th of July Breakfast	<input type="checkbox"/> Diving	<input type="checkbox"/> Membership Committee
<input type="checkbox"/> Awards	<input type="checkbox"/> Facilities Maintenance	<input type="checkbox"/> Predicted Log Racing
<input type="checkbox"/> Bartending	<input type="checkbox"/> Facilities Planning	<input type="checkbox"/> Regalia
<input type="checkbox"/> Boater Education	<input type="checkbox"/> Fishing	<input type="checkbox"/> Sail Racing
<input type="checkbox"/> Casino Night	<input type="checkbox"/> Ham Radio	<input type="checkbox"/> Social
<input type="checkbox"/> Christmas Parade	<input type="checkbox"/> Hospitality	<input type="checkbox"/> TransPac Festivities
<input type="checkbox"/> Computer/Technology	<input type="checkbox"/> Kitchen Committee	<input type="checkbox"/> Young Sailors
<input type="checkbox"/> Wherever needed		

As a volunteer-run club, Shoreline has need of many skills. I have the following skills, hobbies, or knowledge that I'd like to share with the Club. _____

VESSEL INFORMATION:

Boat Make _____ Boat Name _____

Power/Sail _____ PHRF Sail No. _____ Length (LOA) _____ Beam _____

CF/Doc. No. _____ Call Sign: VHF Marine SS _____ HAM _____

Present Mooring Location _____ Gangway _____ Slip No. _____

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PLEASE PRINT:

Person 2: (Fill out only the information that is different than Person 1)

Type of membership – circle one “Full” or “L” (Limited)

For the purposes of this application, a “Full” membership is one where Person #1 and Person #2 share a 50/50 interest in the membership. An “L” membership designation has limited interest in and rights to the privileges of membership. These restrictions include but are not limited to:

- (1) No right to charge to the Member club account;
- (2) No right to petition for split of the membership;
- (3) No right to priority on the wait list for new membership;
- (4) No property interest in the membership or control of the membership.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Ph _____ Cell _____ Email _____

Business/Profession/Occupation _____

Business Address _____

Phone _____ Fax _____ Email _____

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TERMS OF ACCEPTANCE

I understand that should I be accepted into the membership of Shoreline Yacht Club, I am to take an active interest in the Club and its activities, participate in the Officer of the Deck Program, pay all dues and assessments promptly and abide by the club’s BYLAWS and the rules and regulations established hereunder.

Signature Person 1 Date

Signature Person 2 Date

Mail or deliver completed application together with all fees to:

**Membership Chair
Shoreline Yacht Club
386 Shoreline Drive South
Long Beach, CA 90802**

Make check payable to Shoreline Yacht Club. **All fees due must be submitted with this form before your membership application will be considered.**

SPONSORS:

Each candidate must obtain the signature of two members before her/his application can be considered for approval, and be presented to the Board of Directors by one or both sponsors at the next regularly scheduled Board meeting.

Sponsor _____ Mbr. No. _____ Sponsor _____ Mbr. No. _____

For Office Use Only

Welcome Letter _____ Shorelines _____ Flyers _____ Temp Card _____ Card/Fob _____ Roster _____
Name Badge _____ Burgee _____ Office/Bar/Galley Hours _____ Race/Cruising Schedules _____

EMAIL SENT TO:

Webmaster Shorelines Shoreliners Directors Committee chairs Acctg/Ofc

Membership Chair _____ BOD Approval Date _____/_____/_____