

## **Application for Membership**

## **Revision 22.02**

Section I - Personal Inform	ation						
First Name		Last Name		DOB (MM/DD/YYYY)			
Primary Email Address			Secondary	/ Email Address (option	al)		
Primary Telephone			Secondary Telephone (optional)				
		Check if Mobile			i. Check for S	Spouse or Partner Check for Mobile	
Spouse/Partner Full Name (optional)			Spouse/Partner Email (optional)				
Home Address			City		State (abbv.) Zip		
Company Name			Company T	elephone	Job Title / Oc	ccupation	
. ,				·		<u>.</u>	
Section II - Membership Inf	formation						
Desired Level of Membersh	nip (check one)						
Regular Membership (Boating)			bership (Age 35 and under)		House Membership (Social)		
Below for boating members only							
Name of Boat			Make of E	Boat	Model/Length	Mooring or Slip#	
Please select one or more	club activites you may b	e interested in:	The s	selection below helps us inform	select committees of me	ember interest and participation	
Entertainment	Family Nights	OPublicity	& Social	○ Membership	O	inance	
Skeet	O House & Grounds	Merchano	dise	se Oruising ORa		Racing	
Hospitality (food/bev)	Fishing (anglers)	Other:					
Section III - Certification ar	nd Endorsement						
CERTIFICATION: I agree to abide	e by the By Laws, Rules and l	Regulations of Sagamo	re Yacht Club	as they exist now and as	s they may be modi	fied in the future.	
Applicant Signature:					Dated:		
Sponsor:			Seconded	By:	l		
•		Print Name if writing in.		-		Print Name if writing in.	