

**SOLOMONS ISLAND YACHT CLUB INC.**  
**P.O. BOX 206/14604 SOLOMONS ISLAND ROAD**  
**SOLOMONS, MD 20688**



**APPLICATION FOR MEMBERSHIP**

*Please print*

Applicant \_\_\_\_\_  
Last First Preferred name Middle Initial

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Email address \_\_\_\_\_

Legally married spouse \_\_\_\_\_  
Last First Preferred name Middle Initial

Cell phone number \_\_\_\_\_ Date and place of marriage \_\_\_\_\_

Email address \_\_\_\_\_ Occupation \_\_\_\_\_

If you own a boat, is it power or sail? \_\_\_\_\_ Berthed \_\_\_\_\_ Other boats? \_\_\_\_\_

I hereby apply for membership in the Solomons Island Yacht Club Inc. and enclose a *non-refundable application fee* equivalent of the current annual dues. This sum will be held by SIYC and applied to the initiation fee. A pro-rated share of the annual membership fees will be due at the time of acceptance as a member. I understand that SIYC has a limit to the number of Regular Members in the club and if no vacancy exists, I shall be placed on a Waiting List, which is maintained in accordance with the procedures prescribed by the Board of Governors. If accepted into membership, I agree to assume all the responsibilities of membership in accordance with the By-Laws and Rules of SIYC and agree to support and participate in its programs and activities. *I will be responsible to keep SIYC advised of my/our current address, phone numbers and email addresses.*

\_\_\_\_\_  
Applicant Date Legally Married Spouse Date

As a member of the Solomons Island Yacht Club Inc., I agree to act as a sponsor for the above-named applicant/s. I will advise the applicant/s of the current dues and initiation fee. I have advised that at the present time there is a lengthy applicant waiting list and it may be several years before they may be eligible for full membership. I will invite the applicant/s to attend functions at the club and agree to familiarize the applicant/s with the club policies, responsibilities and helping as a volunteer at the club.

Sponsor \_\_\_\_\_  
Printed name Signature Email Address

Sponsor \_\_\_\_\_  
Printed name Signature Email Address

RETURN TO: SIYC Inc., Attn. Membership Chair, P.O. BOX 206, Solomons, MD 20688

FOR CLUB USE:

Date of receipt of application by Membership Chair \_\_\_\_\_ Date of fee received by Treasurer \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_  
Date of 1<sup>st</sup> Reading \_\_\_\_\_ Date of 2<sup>nd</sup> Reading/Voting \_\_\_\_\_ Date of Prorated Dues/Fees \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_  
Date of 3<sup>rd</sup> Reading/Welcoming \_\_\_\_\_ Date of file sent to Secretary \_\_\_\_\_ Revised June 2019