

RRYC MEMBERSHIP APPLICATION

Please complete this form and mail to: RRYC Membership Committee Chairman, P. O. Box 55, Irvington, VA 22480. Letters from your sponsor, endorser and non-refundable application fee should be submitted with this application.

Request for Membership: I/We have an abiding interest in boating and wish to apply for:

<u>Membership Classes</u>	<u>Age Group</u>	<u>Application Fee</u>	<u>Initiation Fee</u>	<u>Annual Dues</u>
() Active				
__ Level I	35 yrs. or older	\$75.00	100% (\$1,800)	\$800
__ Level II	27-34 yrs. old	\$75.00	100% (\$1,800)*	\$400
__ Level III	21-26 yrs. old	\$75.00	25% (\$450)	\$200
*Payable at a minimum in equal installments over 36 months				
() Junior	9-20 yrs. old	\$15.00	-0-	\$80

Applicant(s)

Name 1: _____ **Nickname:** _____ **D.O.B.** _____

E-mail: _____ **Home #:** _____ **Cell:** _____

Business Affiliation: _____ **Business #** _____

Mailing Address: _____

Home Address: _____

Name 2: _____ **Nickname:** _____ **D.O.B.** _____

E-mail: _____ **Home #** _____ **Cell:** _____

Business Affiliation: _____ **Business #** _____

Minor Children and their birthdates: _____

Club members you know: _____

Sponsor: _____ **Endorser:** _____

List your boat(s), type, length, name and location: _____

Boating Experience: _____

Why would you like to join the Rappahannock River Yacht Club and how would you like to participate?

List other talents, and/or skills that you would like to share as a member.

I/We agree to abide by the By-Laws and rules of Membership as determined by the Board of Directors of RRYC. We will participate in at least two boating activities during the first year of membership or take an active part in serving on a Club Committee.

Signature: _____ Date: _____

Signature: _____ Date: _____

Applicants for Junior membership must be nominated by the Junior Sailing Fleet commander and must agree to participate in Junior Sailing Activities during the sailing season (April 1 through October 31).

Signature: _____ Date: _____

Signature of parent or legal guardian required if applicant is under the age of 18.

Parent/guardian: _____ Date: _____