



# SBYC Membership Application

**23<sup>RD</sup> STREET & BAY AVENUE, SPRAY BEACH, NJ 08008**

**PLEASE CHECK ALL OF THE FOLLOWING MEMBERSHIP TYPES YOU WISH TO APPLY:**

|  |   |
|--|---|
|  | Senior Individual (not less than 25 years of age)   |
|  | Intermediate (not less than 19 years of age nor more than 24 years of age)                                      |
|  | Junior (not less than 7 years of age nor more than 18 years of age) Parent/Grandparent must be an active member |
|  | Junior Sailing (same as Junior member, intending to participate in Junior Sailing Program)                      |

| Name of Applicant(s)  |  |
|---|--|
| Full Name of Applicant #1   |  |
| Date of Birth   |  |
| Employer  |  |
| Occupation ( <i>retired?</i> )  |  |
| E-mail address  |  |
| Mobile Phone Number   |  |
|   |  |
| Full Name of Applicant #2   |  |
| Date of Birth   |  |
| Employer  |  |
| Occupation ( <i>retired?</i> )  |  |
| E-mail address  |  |
| Mobile Phone Number   |  |
|   |  |
| Other clubs/associations you belong to?   |  |
| Club Interest: Sailing, Racing, Fishing, Power Boating, Social Activities (list all applicable) |  |

| Address details  |  |
|------------------|--|
| Address (Summer) |  |
| Address (Winter) |  |
| Home phone       |  |
| Other phone      |  |



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| Name(s) of Juniors |               |                                 |
|--------------------|---------------|---------------------------------|
| Name               | Date of Birth | Junior Sailing Program (Y or N) |
|                    |               |                                 |
|                    |               |                                 |
|                    |               |                                 |
|                    |               |                                 |

| Vessels                                   |                  |
|---|------------------|
| Does the Family or Individual own a boat? | To be purchased? |
| Type of boat(s) and length:               |                  |
| Interest in obtaining a boat slip?        | Timeframe:       |

| Sponsors (minimum of two)   |                      |
|---|----------------------|
| A sponsor must agree to write a letter of recommendation and to take an active role in orienting new members throughout the two year probationary period. |                      |
| Sponsor #1  | Sponsor #2           |
| Name:   | Name:                |
| Relationship:   | Relationship:        |
| Years Knows:  | Years Knows:         |
| Member since:   | Member since:        |
| Email address:  | Email address:       |
| Mobile phone number:  | Mobile phone number: |

| Signature  |          |              |
|--|----------|--------------|
| I understand that the submission of this application will in no way bind me to accepting membership if, when I am invited to join if my circumstances as such that I am unable to join or are no longer interested in joining SBYC. I understand that the information I have submitted will be held in confidence. |          |              |
| Applicant #1 Signature   | <b>X</b> | <b>Date:</b> |
| Applicant # 2 Signature  | <b>X</b> | <b>Date:</b> |

**NEXT STEPS:**

1. **Email completed application to membership chairperson.**
2. **Sponsors complete and email Sponsor Recommendation Forms (found on SBYC website) to membership chairperson.**
3. **Once all three forms have been submitted you will be contacted by the membership committee.**

**Please contact Dina Laurendeau, SBYC Membership Chairperson, with any questions: [dinam416@gmail.com](mailto:dinam416@gmail.com)**