

Date:	MEMBERSH	HIP APPLICATION	Regular	Intermediate	
Name:		DOB	DOB Vehicle License Plate #		
Address:					
Stre	eet		City		Zip
Do you consent to timely text alerts	: Yes / No - Mobile Carrier	:		Marital Status:	
Spouse's Name:	e's Name:		Vehicle Lice	ense Plate #	
Email:		Cell:			
Do you consent to timely text alerts	: Yes / No - Mobile Carrier	:			
Consent to Receive Documents by I	Electronic Delivery: Yes / 1	<u>No</u>			
Children/Grandchildren & Da	te of Birth- Please add C o	r G for Child or Grand	child; Only list th	ose under the age o	<u>f 21.</u>
Name	DOB	Name		DOB	
Employer:					
	Position:				
Spouse Employer:			Phone:		
Nature of Business:	Position:			_Time w/firm:	
Circle Area of Expertise & Member	or Spouse):				
Attorney – M / S Board/Committee Servi	- M / S cractor/ Interior Design– M ce (HO, PTA, City, etc.) – N nology/ Social Media – M / ng/Sponsorship – M / S	Govt. Affai 1 / S Real Estate Videograp M / S Sailing Offi / S Other:	Videographer/Photographer – M / S		
Other Organizations, Clubs or Comm	nittee Affiliations:				_
Boat Name	Boat Type	Overall Length	Mooring Loca	tion	

Years Boating: \_\_\_\_\_

Membership Application - page 2		Applicant's Name:			
	tivities and tell us what unio	que skills or experie	wishing to join the Long Beach Yacht Club include your nce you may bring to our membership. Your application		
Interest in club activities and	d groups:				
	☐ Anglers ☐ Congressional Cup ☐ Sailing-Racing ☐ Race Management ☐ Cruising Events ☐ Ladies Day ☐ Jr. Sailing	☐ Sailing-Learn to ☐ Golf Club ☐ Event Planning ☐ Youth Swim Tea ☐ RVers ☐ Youth Summer	nm Programs		
House Rules as they now ex			ub, and if elected, I agree to abide by the Bylaws and		
Signatu	ure of Applicant		Social Security Number		
Signatu	re of Spouse		Social Security Number		
SPONSERS STATEMENT I am personally acquainted valued in the second state of the second	sor, must be a member in g	eve that he/she woulgood standing, of the	d be a suitable and responsible member of the Club. I Club for a minimum of 24 months.		
Sponsor*:		Email:			
Sponsor*:		Email:			
Sponsor*:		Email:			
A fourth spons	or is required if primary spo	onsor is not entitled	to voting rights. I.e., Intermediate, Senior		
Pos App Inte	olication Received Complete w ted for Membership Approval olication Reviewed by Member erviewed by Membership Com ard of Director Approval	rship Committee	nd Photo		
	w Member Orientation		Initiation Fee Paid: \$		