

LONG BEACH YACHT CLUB

MEMBERSHIP APPLICATION

Regular Intermediate

Date: _____

Name: _____ D.O.B.: ____/____/____
First Last

Address: _____
Street City State Zip

(H) Phone: _____ Email: _____

Cell: _____ Do you consent to timely text alerts: _____ Mobile Carrier: _____

Marital Status: _____ Spouse's Name: _____ D.O.B.: ____/____/____

Spouse's Cell: _____ Do you consent to timely text alerts: _____ Mobile Carrier: _____

Spouse's Email: _____

Children Info. & Date of Birth (only list those under the age of 21)

| First Name | Last Name | D.O.B. | First Name | Last Name | D.O.B. |
|------------|-----------|--------|------------|-----------|--------|
| 1. _____ | _____ | _____ | 3. _____ | _____ | _____ |
| 2. _____ | _____ | _____ | 4. _____ | _____ | _____ |

Employer: _____ Phone: _____

Nature of Business: _____ Position: _____ Time with Firm: _____

Spouse Employer: _____ Phone: _____

Nature of Business: _____ Position: _____ Time with Firm: _____

Area of Expertise (Circle Member/Spouse):

- | | |
|--|--|
| <input type="checkbox"/> Accountant/Finance/Investments – M / S | <input type="checkbox"/> Engineering – M / S |
| <input type="checkbox"/> Advertising/Marketing – M / S | <input type="checkbox"/> Govt. Affairs/City Official – M / S |
| <input type="checkbox"/> Architect/ General Contractor/ Interior Design– M / S | <input type="checkbox"/> Real Estate/Commercial - M / S |
| <input type="checkbox"/> Attorney – M / S | <input type="checkbox"/> Videographer/Photographer – M / S |
| <input type="checkbox"/> Board/Committee Service (HO, PTA, City, etc.) - M / S | <input type="checkbox"/> Sailing Officiant/Umpiring - M / S |
| <input type="checkbox"/> Communications/ Technology/ Social Media – M / S | <input type="checkbox"/> Other: _____ - M / S |
| <input type="checkbox"/> Development/Fundraising/Sponsorship – M / S | <input type="checkbox"/> Other: _____ - M / S |
| <input type="checkbox"/> Event Coordinator/Planning – M / S | |

Other Organizations, Clubs or Committee Affiliations: _____

| Boat Name | Power or Sail Boat Type | Overall Length | Mooring Location |
|-----------|-------------------------|----------------|------------------|
| | | | |
| | | | |

Years Boating: _____

Please attach a photo and letter of interest which states your reason for wishing to join the Long Beach Yacht Club include your yachting experience and activities and tell us what unique skills or experience you may bring to our membership. Your application will not be processed without your photo or letter of interest.

By submitting your application for membership you agree to serve as an Officer of the Day during your first 12 months.

Interest in club activities and groups:

- | | |
|--|--|
| <input type="checkbox"/> Anglers | <input type="checkbox"/> Fitness (Yoga, Pilates, Lap Swim, Water Aerobics) |
| <input type="checkbox"/> Congressional Cup | <input type="checkbox"/> Sailing-Learn to Sail |
| <input type="checkbox"/> Sailing-Racing | <input type="checkbox"/> Golf Club |
| <input type="checkbox"/> Race Management | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Cruising Events | <input type="checkbox"/> Race Week |
| <input type="checkbox"/> Ladies Day | <input type="checkbox"/> Rv'ers |
| <input type="checkbox"/> Jr. Sailing | <input type="checkbox"/> Youth Swim Team |
| <input type="checkbox"/> Dive Club | <input type="checkbox"/> Youth Summer Programs |

I hereby make application to become a member of the Long Beach Yacht Club, and if elected, I agree to abide by the Bylaws and House Rules as they now exist or may hereafter be amended.

Signature of Applicant

Social Security Number

Signature of Spouse

Social Security Number

- Note:**
- 1. Your application will not be considered unless all questions are completely answered and a letter of interest and recent photo accompany your application.**
 - 2. This application is only for the individual named herein. There are no family memberships in the Long Beach Yacht Club.**
 - 3. By signing this application you authorize Long Beach Yacht Club to run a criminal background check.**

LBYC Member* who is proposing me is: _____ Email: _____

My Seconder* is: _____ Email: _____

My Seconder* is: _____ Email: _____

My Seconder* is: _____ Email: _____

A THIRD SECONDER IS REQUIRED IF PROPOSING MEMBER IS NOT ENTITLED TO VOTING RIGHTS

Note: * must be a member in good standing for a minimum of 24 months

LONG BEACH YACHT CLUB

PROPOSER AND SECONDRS STATEMENT

I am personally acquainted with the applicant and believe that he/she would be a suitable and responsible member of the Club. I understand that I, as a Proposer/Seconders, must be a member in good standing, of the Club for a minimum of 24 months.

A reference letter from each of the undersigned must accompany this application form.

PROPOSER

Name: _____ Member #: _____ Member Since: _____

Signature: _____ Member Type: _____

Proposer Reference Letter Attached

SECONDER

Name: _____ Member #: _____ Member Since: _____

Signature: _____ Member Type: _____

Seconder Reference Letter Attached

SECONDER

Name: _____ Member #: _____ Member Since: _____

Signature: _____ Member Type: _____

Seconder Reference Letter Attached

SECONDER

Name: _____ Member #: _____ Member Since: _____

Signature: _____ Member Type: _____

Seconder Reference Letter Attached

CLUB OFFICE RECORD

Dates:

_____ Application Received Complete with Letter of Interest and Photo
_____ Posted for Membership Approval
_____ Application Reviewed by Membership Committee
_____ Interviewed by Membership Committee
_____ Board of Director Approval
_____ New Member Orientation

Initiation Fee Paid: \$ _____

Processed By: _____

Date: _____