



BENICIA YACHT CLUB
400 East Second Street
Benicia, CA 94510
(707) 746-0739

Member #:	_____
Office Received:	____ / ____ / ____
Membership Comm:	____ / ____ / ____
Board of Directors:	____ / ____ / ____
Installation:	____ / ____ / ____

REINSTATEMENT APPLICATION

I/We, hereby, request consideration for reinstatement in the Benicia Yacht Club for a Regular or Other _____ Membership. The First Applicant is considered **PRIMARY** for all mailings, ballots, or dues. I/We understand that only a Regular, Junior, or Military/Maritime Membership may vote or hold office in the Benicia Yacht Club.

Please print clearly

Name: _____ Nickname: _____ Birthday (mm/dd): ____ / ____
Mailing Addr: _____ City, St, Zip: _____
Home Addr: _____ City, St, Zip: _____
Best Phone: _____ Email: _____
Occupation _____ Bus. Phone _____
Are you married/cohabiting with significant other? Yes ____ No ____
If yes what is the spouse's/significant other's FULL NAME _____

Name: _____ Nickname: _____ Birthday (mm/dd): ____ / ____
Home Addr: _____ City, St, Zip: _____
Best Phone: _____ Email: _____
Occupation _____ Bus. Phone _____
Are you married/cohabiting with significant other? Yes ____ No ____
If yes what is the spouse's/significant other's FULL NAME _____

Names and ages of any children at home _____

I/We understand the financial obligations incurred by being reinstated in the Benicia Yacht Club including dues paid annually or quarterly. I also understand the necessity of the payment of any past delinquent dues, which may be currently outstanding. In addition, the Club requires payment of an application fee of \$ _____ and three months dues of \$ _____ to accompany this "Reinstatement Application". If the Membership is reinstated to Active, I/We agree to abide by the bylaws, rules, and regulations of the Benicia Yacht Club.

Fully understanding these obligations and requirements, payment is attached for the application fee and dues plus previously delinquent funds of \$ _____. Reinstatement will be effective ____ / ____ / _____. Fees and dues will be refunded in the event I am not confirmed as a member.

Applicant Signature: _____ Co-Applicant Signature: _____
Name: _____ Name: _____
Date: _____ Date: _____

(Over)

Boating Information

Name: _____ Power: Length: _____
 Make: _____ Sail: Marina: _____

General Information

Other boating, yachting , maritime or marine experience, or additional yacht club memberships:

Name Tag Selection

Tag Type

Name: _____ Alligator Clip: Pin: Magnet:
 Name: _____ Alligator Clip: Pin: Magnet:

***Note:** Magnets are **NOT** advisable if you have a Pacemaker or Internal Cardiac Defibrillator (ICD)

Committees and Activities

Our club is very dependent on volunteers for our various committees and activities. Please check one or more items in which you may be interested in participating. You will receive a call with more information.

Committees	Activities	Special Skills
Cruising/Cruise Committe	Decorating for Events	Carpentry
Entertainment Committee	Office Assistance	Painting
House Committee	Ship's Store	Electrical
Membership Committee	Special Events Assistance	Plumbing
Sailing/Race Committee	Wind Word Newsletter	Computer
Finance/Audit	Youth Sailing Assistance	Culinary
Media/Publicity	Children's Activities	Engineering/Architecture

Any other interests, special skills or knowledge: _____

Revised 3/31/2021