



South Bay Yacht Club, PO Box 100, 1491 Hope St., Alviso, CA 95002

Membership Application

Couple ___ or Individual ___

Name _____ Occupation _____

Name _____ Occupation _____

Address _____

Phone #1 _____ Phone #2 _____

Email #1 _____ Email #2 _____

SBYC events you have attended _____

Other yacht club association(s) _____

Interests _____

Sponsors (two current club members)

Signature 1 _____ Signature 2 _____

Submit this application to the SBYC membership committee with a check for initiation fees (\$150). Application will be posted on the club bulletin board for 30 days. Applicant(s) will be presented to the Board of Directors at the next convenient board meeting for approval by a majority vote. Once the applicant is approved by the Board of Directors, the remainder of the \$400 annual fee will be due, prorated to date of acceptance as a Member.

SBYC record only:

Membership committee review by _____ Date _____

Board approval, Secretary _____ Date _____

Fees accepted, Treasurer _____ Date _____

(Form approved; 12/2023)