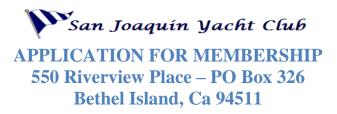


Member of Record:		Birthday: month		day		
Spouse or Co-Applicant:		_ Birthday: month		day		
Children's Names:		Ages:				
Residence Address:						
City:		State: Zip Code:				
Mailing Address (if different)						
Street Address:	City: _		State:	Zip Code:		
Email Address:						
Phone Numbers:						
Member: Home:	Cell: _	ell: W		_ Work:		
Co-Applicant: Home:		Cell:		Work:		
Business: Name		Address		Phone		
List any Yacht Clubs you presently	belong to:					
1		2				
3		4				
Do you have a boat? Yes N	0	Co-owner's	name:			
Boat Name:		Type of Boa	at: Cruiser	HouseboatSailboat_		
Classic Run-About Aluminu	m Fiber	glass S	teel Wo	od Pontoon Boat _		
Where do you berth your boat?						



Initiation Fee Must Accompa	ny This Application.	Applications Must I	<u>Be Sponsored By Two Memb</u>	ers In Good Standing				
Initiation Fee: \$	Semi-Annual dues are paid in June and December							
Sponsored by: 1 PR	INT NAME	SIGNATU	RE	DATE				
Sponsored by: 2 PR				DATE				
Application will be posted on Yacht Club By-Laws. The M		-	· · · • • · · · ·	tion 2) of the San Joaquin				
Applicant Signature:		Date:						
Membership Instruction I	Date:							
Membership Instruction Date:								
INITIATION FEE:	2021 Initiation	Fee: \$250	ANNUAL DUES:	\$400				
Fill out the application and o check made payable to San.	-	Submit your applic	ation to the membership ch	airperson along with the				
After submitting the applica mutually convenient time fo information regarding the ne	r an interview by the	committee to provi	* *	C C				
All new member applicants the galley or the bar and wil	e	e		will be asked to work in				
If you have any questions,	please contact Pam	Allen at (925)684-	9353 or Sue Olsen at (925)308-4920				
Membership applicants are e	encouraged to particip	pate in all members	' activities during their initi	ation period.				
BY SIGNING BELOW	I AGREE I HAVE	READ THE AB	OVE INFORMATION	AND AGREE WITH				
THE STATEMENTS PI	ROVIDED.							

Name

Date