



2022 MEMBERSHIP APPLICATION

(Dues and fees must accompany application.)

Single Member Last Name (1) _____ First Name _____
OR

Family Member Last Names (1) _____ First Name _____
(2) _____ First Name _____

All dependent children (Include age of each.) _____

Winter Address: _____ Summer Address: _____

Home Phone _____ Home Phone _____

E-mail (1) _____ (2) _____

Cell Phone(1) _____ (2) _____

Occupation: (1) _____ (2) _____

Company/Location (1) _____ (2) _____

Work Number (1) optional _____ (2) _____

Explanation of Dues & Fees

Category of Membership: (Each unit includes one BBYRA membership)

Family (Couple residing in same household with dependent children)	\$800.00	+	\$200.00	chit
Senior Family (Couple residing in same household, age 65 or older)	\$720.00	+	\$200.00	chit
*Single Family (Single parent with dependent children)	\$560.00	+	\$100.00	chit
*Individual (Single person, age 26 or older).	\$480.00	+	\$100.00	chit
*Senior Individual (Single person, age 65 or older).	\$400.00	+	\$100.00	chit
*Young Adult (Single person, age 18-25) No initiation fee	\$320.00			
Junior (Young person under age 18)	\$240.00			

**Married/cohabitating couples do not qualify for these categories.*

2022 Dues	\$ _____	Divided by 12	\$ _____	
			X _____	Number of Full Months Remaining in 2022
2022 Prorated Dues	\$ _____			
Initiation/Reinstatement Fee (50% of Dues Category)	\$ _____			
Subtotal	\$ _____			
6.625% NJ State Sales Tax	\$ _____			
Sub-Total	\$ _____			
BBYRA Fee	\$ _____	20.00		
Chits (required)	\$ _____			(\$100 or \$200 based on type of membership. 1/2 after 7/1)
TOTAL DUE	\$ _____			

Chit \$200 per family or \$100 per single family or individual provides credit for club meals, drinks and entertainment.

I (We) affirm that, if accepted, I (we) will abide by the constitution, by-laws and rules of SAYC.

I (We) hereby apply for the above designated membership in the Shore Acres Yacht Club, Inc.

Signature of Prospective Member _____

2 Member Sponsors (Signature and Print) 1 _____ 2 _____

Reviewed by Membership Committee _____ Date _____

Action by Board of Trustees _____ Date _____

Contact James R. Burne with any questions – 904-923-2081

Please mail application and check payable to SAYC to:

James R. Burne, Membership Chairman, 428 Preston Street, Brick, NJ 08723