



Shore Acres Yacht Club 2025 Associates Application

Name(s) _____

Children's names and ages _____

Address (Summer) _____

Address (Winter) _____

Phone Number (Cell) _____ (Summer) _____

Affiliated Yacht Club _____

Email Address _____

I understand that this is a one year non-voting affiliation with Shore Acres Yacht Club for the program year 2025. This entitles me to enjoy the full sailing and social activities of Shore Acres Yacht Club and also entitles me to member rates for the SAYC Junior Sailing Program.

Signature _____

Contact Liz Pino or Kathy Pruner with any questions : 732-385-9696

Mail application and check for \$535.00 to: Shore Acres Yacht Club

Membership Committee, P.O. Box 4337, Brick, NJ 08723