

SAINT PAUL YACHT CLUB

100 YACHT CLUB ROAD #B1 • ST PAUL MINNESOTA 55107-2030
PHONE 651-292-8964 • FAX 651-227-2148

MEMBERSHIP APPLICATION

Applicant's Name _____

Street Address _____ City _____

State _____ Zip _____ Home Tele # _____ Cell Tele # _____

Spouse / Significant Other Name _____

Employer Name & Address _____

Position _____ Bus. Tele # _____

Boat Type _____ Mfg. _____ LOA _____ Width _____

Boat Reg # _____ Boat Name _____ Trailer Y N

List Boating Experience, Other Hobbies, Interests _____

Reason for Wanting Membership at SPYC _____

If I am accepted as a member, I agree to abide by the SPYC By-Laws and Standing Rules, and understand that membership is a privilege, not a right. I am willing to contribute and participate in Club activities. I agree to attend the Orientation Class for Active Membership. If the applicant's statements or representations are determined to be materially untrue or incomplete, SPYC shall have the right in its sole discretion to reject SPYC membership.

Signed _____ Date _____

Recommended by: (Two active Club members)

The undersigned are personally acquainted with this applicant and recommend this applicant for membership. I have explained the obligations and responsibilities of Club membership and I agree to mentor this applicant.

Signed _____ Date _____

Signed _____ Date _____

Date Application Received in Office _____ Approved Y N Paid Date _____