



APPLICATION FOR MEMBERSHIP

P. O. Box 1174
Newport Beach, CA 92659
Tel/Fax: 949-646-3102
www.SouthShoreYC.org • em: info@SouthShoreYC.org

Member # _____
Classification: _____
Date Posted: _____
Date Accepted: _____

Please PRINT the following information CLEARLY:

Last Name: _____ Birth Date: _____

First Name: _____ Preferred First Name: _____

Spouse: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tel: _____ Work Tel: _____

Fax Tel: _____ e-mail: _____

Your Profession: _____ Company: _____

Spouse Profession: _____ Company: _____

Work Tel: _____ e-mail: _____

Children (Under 21)

Name (Age): _____ Name (Age): _____

Name (Age): _____ Name (Age): _____

Boat 1 Name : _____ Boat 1 Type : _____

CF# _____ LOA: _____ Sail # _____ Where Kept _____

Boat 2 Name: _____ Boat 2 Type: _____

CF# _____ LOA: _____ Sail # _____ Where Kept _____

Interests: Cruising [] Racing [] Weeknights [] Weekends [] Rating - PHRF/IOR/IMS/ORCA: _____

Do you need storage? Wet [] Dry [] Locker []

Other Club Affiliations: _____

How did you hear about SSYC? _____

I agree to abide by the Bylaws, Rules and Regulations of the Club. I also agree to serve as Office of the Day if requested.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

IMPORTANT: Committees in which I am interested (number 1, 2, 3 choices):

| | | | |
|-----------------------|-----|--------------------|-----|
| Cruise Planning | [] | Publicity | [] |
| Club administration . | [] | Port | [] |
| House | [] | Race Management .. | [] |
| Juniors | [] | Race Protest | [] |
| Membership | [] | Social | [] |

Do you have ACROBAT READER on your computer? YES NO
Can you open attached files? YES NO • Platform: PC MAC

SPONSORS: Must be members in good standing of SSYC. PRINT name:

1. Name _____ Mbr # _____

2. Name _____ Mbr # _____

Make checks payable to SOUTH SHORE YACHT CLUB

Check # _____

Amount Enclosed: _____