



# BRANT BEACH YACHT CLUB

59<sup>th</sup> & BAYVIEW AVENUE BRANT BEACH NEW JERSEY 08008

## SAILING MEMBERSHIP APPLICATION

PRINT ALL INFORMATION

USE BACK OF APPLICATION FOR EXTRA INFORMATION

Full Applicant Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Full Spouse Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Summer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

### APPLICANT INFO

Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

Nick Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

### SPOUSE INFO

Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

Nick Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Print Names of relatives (give relationship) or friends who are Club Members:

\_\_\_\_\_  
\_\_\_\_\_

Accommodations for boat(s) which you or your family will require:

Type \_\_\_\_\_ Beam \_\_\_\_\_ Length \_\_\_\_\_

Type \_\_\_\_\_ Beam \_\_\_\_\_ Length \_\_\_\_\_

Type \_\_\_\_\_ Beam \_\_\_\_\_ Length \_\_\_\_\_

When I am officially notified that my application has been accepted, I agree to pay my annual dues and charges. I hereby agree to abide by all of the rules and regulations of BBYC pertaining to Sailing Membership.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to:

BBYC Membership Chair  
PO Box 208  
Ship Bottom NJ 08008

#### Office Use Only

Date Received: \_\_\_\_\_ By Whom: \_\_\_\_\_

Date Accepted: \_\_\_\_\_ Notes: \_\_\_\_\_