



# Bodkin Yacht Club Membership Application

Pasadena, Maryland

Date: \_\_\_\_\_ Membership Type: Regular Associate Social

Primary Applicant's Name: \_\_\_\_\_ Birth Month: \_\_\_\_\_ Day: \_\_\_\_\_

Married/Partner Single

Spouse's/Partner's Name: \_\_\_\_\_ Birth Month: \_\_\_\_\_ Day: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary's Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Spouse/Partner Cell: \_\_\_\_\_

Primary Member Email: \_\_\_\_\_ Spouse/Partner Email: \_\_\_\_\_

Names and Ages of Children under 21: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Location: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Other Organization Memberships: \_\_\_\_\_

Boat Type: Power Sail Year & Make: \_\_\_\_\_ Is Slip Desired: Yes No

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Length Over All: \_\_\_\_\_ Beam \_\_\_\_\_ Draft \_\_\_\_\_

**Two BYC Sponsors (Both Sponsors must hold Distinguished Life, Life, Regular, or Associate Membership Status and be in good standing.)**

BYC Sponsor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

BYC Sponsor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Three Personal References (Can be BYC Members, but not required)**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Initiation Fees and Dues Must Accompany Application. Monies Refunded If Applicant Membership is Not Accepted.**

**Initiation Fee: \$250 Associate & Social Membership Application + \$275 Dues = \$525 or \$500 for Regular Membership Application + \$275 Dues = \$775**

**Club Use Only:** Initiation Fee: \$250.00 / \$500.00 Dues: \$275.00 Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_

Date Posted at Club: \_\_\_\_\_ Date Reviewed by Board: \_\_\_\_\_ Board Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Member Number: \_\_\_\_\_ Membership Date: \_\_\_\_\_ 6 Month Review (5 mos at BOG): \_\_\_\_\_ Pass/Extend: \_\_\_\_\_

12 Month Review (11 mos at BOG): \_\_\_\_\_ Pass/Extend: \_\_\_\_\_

BYC Membership Application 24-0130

**Dist. Orig.: Treasurer; Copies: Sec., Member Chair & Bulletin Board; Email: BOG and General Membership**