



Spinnaker Yacht Club

75 Pescador Point Drive

San Leandro, CA 94577

Phone: 510-351-7905

Fax: 510-351-1450

Membership Application Form

Membership: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ e-mail address: _____

Children's names (under 21): Age: Name Tag:

Please send mail to: Residence: _____ Business: _____ Other: _____
Or: _____

Occupation: _____ Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Extension: _____

List any other Yacht Clubs or Sailing Organizations with which you have been associated: _____

Indicate which positions have you held in these organizations: _____

Please indicate on which committees you would be willing to serve:
Social: _____ Bar: _____ Dinner: _____ Race: _____ Cruise: _____ Construction Proj: _____

Are you currently a boat owner?: Yes: _____ No: _____ Power: _____ Sail: _____

Name of Boat: _____ Type: _____ Length: _____ Width: _____

CF#: _____ Radio Call Sign: _____

Marina where boat is berthed: _____

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Membership Application (Cont)

Please state why you would like to join Spinnaker Yacht Club:

Names of Spinnaker members with whom you are acquainted:

1. _____ 2. _____

3. _____ 4. _____

I hereby submit application for membership in Spinnaker Yacht Club and agree to abide by its rules, regulations and bylaws.

Signature(s): _____ Date: _____

TO BE COMPLETED BY TWO SPONSORING SYC MEMBERS: Applications without sponsors will not be accepted.

Sponsor (Print) _____ Signature: _____

Sponsor (Print) _____ Signature: _____

Membership Committee Notes: _____

Interview Notes: _____

Check Received: _____ Initiation: _____ Dues (pro-rated) _____ Total: _____

Items Delivered: Key(s) Total: _____ Date: _____ / Burgee: _____ Date _____

Rules-Bylaws/Rental Agreement: _____ Date: _____

Name added to roster : _____ Vice Comm. Confirms: _____

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