



Membership Application

Applicant Name			
Applicant Address			
Applicant City, State, Zip			
Applicant Day Phone #		Night #	
Applicant Fax		Cell #	
Applicant Spouse/Partner			
Birthdate: Applicant		Partner	
Occupation of Applicant			
Boat Owner?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Power <input type="checkbox"/> Sail	Length in feet:
Make of Boat?	Vessel Name:		
Applicant Email address			<input type="checkbox"/> OK to Email Jib Sheet
Other Club Membership			
Names of Children, if any			

Membership in the BYC is yearly. Dues for 12 months must be paid with application for it to be valid. After first year dues, billing will be automatically pro-rated to September 30th, Club year end. This application shall not be binding upon the Club until written notice of acceptance and/or membership card(s) is/are issued by the Club. Signature by Applicant confirms that he/she acknowledges Club Membership is governed by the Club By-Laws.

MEMBERSHIP CATEGORIES: **ACTIVE:** All, except Non-Resident and Intermediate. **NON-RESIDENT:** Applicant attests residency more than 50 miles away more than six months/year. **INTERMEDIATE:** Attests under age 30. Returning members do not pay initiation fee and dues are not pro-rated.

Category Requested	Dues	Initiation Fee (new members only)	Total Due (new member)	Total Due (returning member)
<input type="checkbox"/> Active	\$350	\$200	\$550	\$350
<input type="checkbox"/> Non-Resident	\$230	\$200	\$430	\$230
<input type="checkbox"/> Intermediate	\$175	\$100	\$275	\$175

Payment Summary: \$ _____ as above in full by (check one): Cash Check Credit Card
Name on Credit Card: _____ MasterCard Visa
Credit Card Number: _____ - _____ - _____ **Exp:** ____/____

APPLICANT SIGNATURE: _____ **Date:** _____

Note: Applications require sponsorship by two active members. Non-residents that wish to apply for membership that do not know two active members may submit a written statement, introducing themselves to the Board and detailing why they are seeking membership, in lieu of two signatures.

Printed Name	ACTIVE MEMBER SPONSORS		Signature
FOR USE BY OFFICE	Rec'd by _____ at: <input type="checkbox"/> Bar <input type="checkbox"/> Office <input type="checkbox"/> Mail		Board Approval:
Posted Office:	Publications:	Letter:	Cards: Packet: Burgee?

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