

# Saginaw Bay Yacht Club

P.O. Box 45  
Essexville, Michigan 48732  
(989)892-5905 • FAX (989)892-0401  
email: club@sbycmi.com • website: www.sbycmi.com

## PROSPECTIVE MEMBER REVIEW FORM

I am applying for \_\_\_\_\_ membership classification (see reverse side).

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ E-mail address: \_\_\_\_\_

Boat Name: \_\_\_\_\_ Length O.A. \_\_\_\_\_ Beam (exact) \_\_\_\_\_

Power \_\_\_\_\_ Sail \_\_\_\_\_

### OCCUPATION

Name of Business: \_\_\_\_\_

Position: \_\_\_\_\_ Tenure: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### SPOUSE INFORMATION

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Position: \_\_\_\_\_ Tenure: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**FAMILY INFORMATION**

Name(s) and Birth Date(s) of Your Child (Children) Under 21

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_  
Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_  
Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_  
Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_

**BANKING INFORMATION**

Name: \_\_\_\_\_ City and State \_\_\_\_\_

Name: \_\_\_\_\_ City and State \_\_\_\_\_

**MEMBERSHIP CLASSIFICATIONS**

**FULL** – This membership is extended to a single person or legally married couple that has attained eighteen (18) years of age. This membership includes the full rights of the entire Club House and facilities, including Marina privileges, as stated in the by-laws.

Monthly Dues: \$107.00

**SOCIAL** – This membership is extended to a single person or legally married couple that has attained eighteen (18) years of age. This membership includes the full rights and privileges of the Club House only, excluding all Marina privileges, as stated in the by-laws.

Monthly Dues: \$75.00

**MEMBERSHIP ENDORSEMENT**

This Review Form must be endorsed by two sponsoring members in good standing along with a MINIMUM of one (1) letter of recommendation from a current member, and a check for the appropriate Initiation Fee. If the required number of members in good standing does not know the prospective member, the Membership Director may assist in obtaining the required endorsement.

Sponsor: \_\_\_\_\_ Account Number: \_\_\_\_\_

Endorsed by: \_\_\_\_\_ Account Number: \_\_\_\_\_

I understand that my Prospective Membership Review Form will be viewed by the SBYC Membership Committee and must be approved by its Board of Directors. As part of such review, the SBYC may make inquiries regarding my character, general reputation and credit standing. If elected to membership, I agree to acquaint myself with the House Rules and By-Laws and govern myself accordingly. Additionally, upon resignation or termination, I will be held responsible for the full payment of any outstanding balance due on my account to include all dues, charges, fees and/or special assessments reflected on my final statement.

Prospective Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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