

Saginaw Bay Yacht Club

PO Box 45
Essexville, Michigan 48732
(989) 892-5905
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PROSPECTIVE MEMBER REVIEW FORM

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

Name: First _____ Middle _____ Last _____

Date of Birth: _____

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: _____

Name of Business: _____

Position: _____ Email Address: _____

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.

Initiation Fee: \$500 Monthly Dues: \$118

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.

Initiation Fee: \$250 Monthly Dues: \$80

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: _____