



# St. Marks Yacht Club, Inc.

36 Yacht Club Lane

Mailing Address: PO Box 114 \* St. Marks, FL 32355 \* (850) 925-6606

## Application for Junior Membership

I hereby apply for membership in the St. Marks Yacht Club under the terms and provisions of the by-laws thereof.

I also understand that processing of this application may take up to 30 days.

Application Category: Individual \_\_\_\_\_, Joint (Applicant and Spouse) \_\_\_\_\_

Applicant Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Mailing Address - If different from above \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Applicant Cell Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Applicant Email \_\_\_\_\_ Spouse Email \_\_\_\_\_ Website \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Phone \_\_\_\_\_

Spouse's Name and Name(s) and Age(s) of Minor Children (if applicable) \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Phone \_\_\_\_\_

### Boat Information (if applicable)

Name of Boat \_\_\_\_\_ Type - Manufacturer - Year \_\_\_\_\_ Length/Beam \_\_\_\_\_

Do you wish to apply for a boat slip at the Club? \_\_\_\_\_

If yes, does your boat have the following: Electric Range \_\_\_\_\_, Refrigerator \_\_\_\_\_, AC \_\_\_\_\_, Freezer \_\_\_\_\_, Liability Insurance \_\_\_\_\_.

The annual cost of the Junior Membership is \$600.00 due in \$150 quarterly payments, equally divided between stock and membership dues plus tax. A payment of \$155.25 (including tax) must be submitted with this application in order to be considered for membership. The acceptance of your check, which will be held in escrow, does not constitute acceptance of your membership application. If your application is rejected, or if you desire to withdraw your application at any time prior to its final acceptance, the full amount of your check will be refunded. All applicants must be 21 to 45 years of age, in good financial and social standing in the community in which they reside and be sponsored by two club members. I understand that failure to answer completely or truthfully may be reason for rejection, or later expulsion.

1. SPONSOR'S SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_

2. SPONSOR'S SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_

Applicant Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

The SMYC likes to celebrate member's birthday(s) and wedding anniversary.

Please volunteer information (year not required):

Applicant's Birthday \_\_\_\_\_ Spouse's Birthday \_\_\_\_\_ Anniversary \_\_\_\_\_