



St. Marks Yacht Club, Inc.

36 Yacht Club Lane

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

Application for Pool Membership 2015

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 24 hours.

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_____.

A fee of \$258.75 includes stock (125.00 Stock & \$125.00 Dues+tax) is required and must be submitted with application (signed copy of pool rules must be attached) in order to be considered for membership. Membership is from May1 - September 30. The acceptance of your check, which will be held in escrow, does not constitute an acceptance of your membership application. Application will be approved or denied in 24 hours. 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. After acceptance no refunds will be allowed. All applicants should be in good financial and social standing in the community in which they reside. I understand that failure to answer completely or truthfully may be reason for rejection, or later expulsion.

1. 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 _____