



# SOUTHWEST FLORIDA YACHT CLUB

## Application for Membership

www.southwestfloridayachtclub.com

<u>Applicant(s) Information</u>	<u>Applicant 1</u>	<u>Applicant 2</u>
First Name		
Last Name		
Birthday (Day and Month only)		
Cell Phone		
Email		
Occupation (former, if retired)		
<b>For SFYC Name Badge:</b>		
Preferred Name for Badge		
Include Title? (Dr., Capt., etc)		
Boat Name on Badge?		

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

Home Phone Number: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Other Club Affiliations (past and present): \_\_\_\_\_

Have you ever been denied membership to any Club or expelled from same? If Yes, explain:

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

How did you hear about SFYC? \_\_\_\_\_

Please write a short Summary of you reasons for joining SFYC: \_\_\_\_\_

\_\_\_\_\_

Boat ownership is not a criteria for membership. Boat information is only used for planning.

<u>Boat Information</u>	<u>Boat 1</u>	<u>Boat 2</u>
Manufacturer		
Model		
Length (LOA, ft)		
Draft		
Beam		
Boat Name		
Mooring location		

I have liability insurance on my boat. \_\_\_\_\_ initial

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Since SFYC is an all-volunteer Club, it is important to match members with the best opportunities for their skills and interests. Please indicate which of the following areas you are most interested in becoming involved with (Each Applicant selects at least 2):

<u>Areas of Interest</u>	<u>Applicant 1</u>	<u>Applicant 2</u>
Cruise Leader		
Event organization/staffing		
Ship's Store/Merchandising		
Website / Social Media		
Photography		
Publicity		
Graphic Arts		
Writing		
Financial		
Administration		
Board Member		
Other?		

Application for membership is voluntary and is made with the understanding that, as a member, the applicant(s) will abide by the Bylaws and House Rules of the SOUTHWEST FLORIDA YACHT CLUB (SFYC) and will treat all members, guests, visitors and staff with dignity and respect at all times. SFYC has a Zero Tolerance Policy, meaning that any infraction that the Board of Directors deems to be detrimental to the unity and welfare of SFYC and its membership will absolutely not be tolerated and may result in the loss of membership.

Applicant(s) understand that a background check may be performed for the sole purpose of evaluating this application for membership.

Applicant(s) certify that they are over the age of 21.

**Signatures:**

Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor 1: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sponsor 2 : \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

This completed Application, together with a photograph of the Applicant(s) and a check for dues, initiation fee and taxes made out to Southwest Florida Yacht Club, Inc shall be submitted to the SFYC Membership Committee for consideration by the SFYC Board of Directors. Please contact the SFYC Membership Chair at 310-503-0999 for the prorated dues amount. The Application package may be mailed to : Jan Austin, 1808 Lagoon Lane, Cape Coral, FL 33914.