



Founded 1977

**BENICIA YACHT CLUB**  
400 East Second Street  
Benicia, CA 94510  
(707) 746-0739

Member #:	_____
Received:	____ / ____ / ____
Posted:	____ / ____ / ____
Membership Comm:	____ / ____ / ____
Board of Directors:	____ / ____ / ____
Installation:	____ / ____ / ____
Office:	____ / ____ / ____

### NOMINATION FOR MEMBERSHIP

I, hereby, request consideration for a  Regular,  Junior, or  Other Membership in the Benicia Yacht Club. I understand that only a Regular Membership may vote or hold an elective office in the Benicia Yacht Club. See bottom of reverse side for additional membership detail.

#### Nominee Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthday (mm/dd): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthday (mm/dd): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Mailing Addr: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_  
 Home Addr: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Email: \_\_\_\_\_

Children (Full Name): 1) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 2) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 3) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Occupation: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

I understand the financial obligations incurred by being accepted in the Benicia Yacht Club including initiation fee, if applicable and the monthly dues prorated for the first year and annually, semi-annually, or quarterly thereafter. I further understand that during my first full year of membership, I will be required to actively participate in the programs and committees of the Club. If elected to membership, I agree to abide by the bylaws, rules, and regulations of the Benicia Yacht Club.

I fully understanding these obligations and requirements, I am enclosing payment for the new Member fee in the amount of \$\_\_\_\_\_.\_\_\_\_\_ for a **Membership Dues start date effective** , of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ which will be refunded in the event I am not confirmed as a member.

Signature: \_\_\_\_\_

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

(Please print clearly)

(Over)

**Boating Information**

Name: \_\_\_\_\_ Power:  Length: \_\_\_\_\_  
 Make: \_\_\_\_\_ Sail:  Width: \_\_\_\_\_

**General Information**

Other boating, yachting , maritime or marine experience, or additional yacht club memberships:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name Tag Selection**

**Tag Type**

Name: \_\_\_\_\_ Alligator Clip:  Pin:  Magnet:   
 Name: \_\_\_\_\_ Alligator Clip:  Pin:  Magnet:

\*Note: Magnets are **NOT** advisable if you have a Pacemaker or Internal Cardiac Defibrillator (ICD)

**Committees and Activities**

Please check any items that you are interested in participating.

<b>Committees</b>			<b>Activities</b>		
Cruise Committe			Officer of the Day		
Entertainment Committee			Opening Day		
House Committee			Ship's Store		
Membership Committee			Special Events		
Race Committee			WindWord Newsletter		
Special Committees			Youth Sailing		

Special skill(s) (i.e., carpentry, painting, electrical, computer, culinary, etc.) that you possess:

\_\_\_\_\_

**To the Board of Directors of the Benicia Yacht Club:**

I propose \_\_\_\_\_  
 For a  Regular,  Junior, or  Other Membership in the Benicia Yacht Club.

I am sponsoring the nominee for membership and am prepared to appear before the Membership Committee and the Board of Directors in support of this nomination. This proposal is made subject to all of the provisions of Article II & III of the Bylaws of the Club. I accept responsibility to present the nominee to the Club, to introduce him/her/them to the members and to ensure that they are made welcome at Club functions.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Active Member Signature: \_\_\_\_\_

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

(Please print clearly)

\_\_\_\_\_

Card Type: MC VISA AMEX Card No: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Phone: \_\_\_\_\_ Billing Addr: \_\_\_\_\_