



Miramar Yacht Club, Inc.

3050 Emmons Avenue, Sheepshead Bay, Brooklyn, N.Y. 11235

(718) 769 – 3548 • sail@miramaryc.com • miramaryc.com

APPLICATION FOR MEMBERSHIP

Applicant's Last Name _____ First _____ Initial _____

Spouse's or Significant Partner's Last Name _____ First _____ Initial _____

Street (and Apt. #) _____ Home Phone (____) _____

City, State _____ ZIP _____ - _____ Business Phone (____) _____

Applicant's Date of Birth _____ E-Mail _____

Occupation or type of business _____

Children's Names and Ages _____

Proposed by: _____

Two References Other than Club Members
1. Name and Address _____

2. Name and Address _____

All memberships are subject to applicable taxes.
Members are required to contribute a minimum of 5 hours of service per year.

Name of Boat: _____ Type: _____ Length: _____ Beam: _____ Draft: _____ Weight _____

I hereby apply for membership in the **MIRAMAR YACHT CLUB, Inc.** Attached herewith is my check for \$ _____ as payment for the year. I understand that if I am not accepted by the Board of Governors my fee will be returned. I understand that any applicant accepted is a probationary member for the first year.

Signed: _____

Date: _____

In emergency call: _____ Phone: (____) _____

(This section is for the Membership Committee.)

Interviewed by Membership Committee: Date _____ By _____

Board Action _____ Date _____