



# Miramar Yacht Club, Inc.



3050 Emmons Avenue, Sheepshead Bay, Brooklyn, N.Y. 11235  
(718) 769 – 3548 • sail@miramaryc.com • miramaryc.com

## APPLICATION FOR CREW ASSOCIATE PROGRAM\*

Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Call sign \_\_\_\_\_

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 \_\_\_\_\_

How did you find out about the program? \_\_\_\_\_

Define your sailing experience \_\_\_\_\_

List your references; name address, phone, email: \_\_\_\_\_

\* Crew Associate Program is designed for experienced sailors/racers who would like to participate in the races run by Miramar Yacht Club. Races include Wednesday night races and weekend regattas; access to the club grounds and facilities is limited. All fees are subject to applicable taxes.

I hereby apply for Crew Associate Program at Miramar Yacht Club. Attached herewith is my check for \$ 400.00 as payment for the summer season of 2017 year. I understand that I will be interviewed by the sailors, captains or members of the racing committee and if I am not accepted by the interviewers my fee will be returned.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

In emergency call: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

[this section is for Membership committee]

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Decision: \_\_\_\_\_

Date: \_\_\_\_\_