



Miramar Yacht Club, Inc.

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



MEMBERSHIP APPLICATION

Applicant's Name: Last _____ First _____ DOB: _____

Spouse/Partner's Name: Last _____ First _____ DOB: _____

Address: _____ City: _____ Zip: _____ State _____

E-mail: _____ Home: (____) _____ Mobile: (____) _____

Spouse/Partner's Email: _____ Mobile: (____) _____

Occupation or type of Business: _____

Current Employer: _____ Length of Employment: _____

Proposed by: _____

Two References Other than Club Members:

- Employment Reference & phone number _____

- Personal Reference & phone number _____

Members are required to contribute a minimum of 5 hours of service per year.

Type of Membership: Boat Owner _____ Small boat owner _____ Non boat owner _____

I hereby apply for membership in the **MIRAMAR YACHT CLUB, Inc.** Attached is my check for \$ _____ plus sales tax) as payment for the year. I understand that any applicant accepted as a probationary member for the first year. I acknowledge that Miramar Yacht Club is hereby authorized to obtain a background check on me as part of my membership application process and that this report will remain confidential. If I am not accepted by the Board of Governors, my fee will be returned.

Signed: _____

Date: _____

This section is for the Membership Committee

Interviewed by Membership Committee: Date _____

By _____

Board Action _____

Date _____