

SIGNED AND RETURNED TO THE OFFICE MANAGER. Thank you!

MANASQUAN RIVER YACHT CLUB

APPLICATION FOR MEMBERSHIP

DATE:		
NAME OF APPLICANT:		
ADDRESS:	PHONE:	_
WINTER ADDRESS (if different):	PHONE:	
EMAIL ADDRESS:		
NAME OF MRYC SPONSOR:		
NAME OF MRYC REFERENCE:		
LIST BELOW NAMES OF FAMILY MEMBERS (LIVING IN SAME HOUSE	HOLD) TO BE INCLUDED IN THIS MEMBERSH	IIP:
ADDI ICANT.	DOD.	
APPLICANT:		
SPOUSE:	DOB:	
CHILDREN UNDER 21 (please list children's names and birth dates)		
NAMES OF CHILDREN NOT LIVING IN THE SAME HOUSEHO		this membership).
WHAT ARE YOUR/YOUR FAMILY'S INTEREST/HOBBIES:		
LIST REGATTAS or FUNCTIONS ATTENDED AT MRYC as guest of:		
TYPE OF BOAT PRESENTLY OWNED:		
Sail or Power:LENGTH:NAME:		
OTHER CLUB AFFILIATIONS/ #Years:		
I hereby subscribe that when duly elected, I will become bound and subj	ect to all By-Laws and Rules of Manasquan Riv	er Yacht Club, as they
now stand or as amended. I will also notify the Club of any changes of ad-	dress or contact information.	
APPLICANT'S SIGNATURE:		
******NEW MEMBER APPLICATIONS WILL BE CONSIDERED COMPLETE	WHEN THE APPLICATION, SPONSOR AND REF	ERENCE FORMS ARE

Manasquan River Yacht Club, 405 Riverview Lane, Brielle, NJ (732) 528-6792 office@mryc.org