



Founded 1977

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

FOR OFFICE USE ONLY	
Account No.:	_____
Date Rec'd.:	____ / ____ / ____
Check #:	____ / ____ / ____
Amount:	____ / ____ / ____
App.-MbrShp Com.:	____ / ____ / ____
App.-Bd.of Dir.:	____ / ____ / ____

APPLICATION FOR REINSTATEMENT

I, hereby, request consideration for reinstatement in the Benicia Yacht Club.

Current Membership 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: _____

Boating Information

Name: _____ Power: Length: _____
 Make: _____ Sail: Width: _____

General Information

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

I understand the financial obligations incurred by being reinstated in the Benicia Yacht regarding payment of monthly dues (prorated for the first year and due quarterly, semi-annually or annually). **I also understand the necessity of the payment of any past delinquent dues, which may be currently outstanding. In addition the Club currently requires a payment of three (3) months dues plus a processing fee totaling \$245 to accompany this "Application for Reinstatement."** If the Membership is reinstated to Active, I agree to abide by the Bylaws, Rules and Regulations of the Benicia Yacht Club.

Fully understanding these obligations and requirements, I am enclosing my check for \$245 plus any delinquent dues in the amount of \$ _____ for a **Reinstatement Dues start date effective** ____/____/____.

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: _____