

Application for 2024 Associate Membership

Mship-1A-AS

Name:	Address:
Phone:	Email:

I authorize the club to send invoices to the e-mail address provided below. (initial)

This application is sponsored by a current active member in good standing and requires a letter of reference.
Current Active Member sponsor: _____

Associate Membership “Social” (not on the Contact List):

- Is held by an individual for personal use. It provides participation in social functions only.
- Does not have any boating privileges at the SYC. **You may not operate, launch or keep any boat including paddleboards, kayaks, canoes, etc. at the SYC.**
- For those persons wishing to be guests of Active members for more than three times in one sailing season such as crew members of “Race Boats”, etc.

Associate Membership - On the Contact List

- The above rules also apply.
- You are on the "Contact List" because you either have a boat or are thinking of getting one in the future. It is the pathway to becoming an Active Member with wet well privileges.
- When your name approaches the top of the Contact List, Active membership will be offered.
- Individuals can expect to spend several years on the Contact List, as there is a high demand for Active Memberships. The Contact List is published every year in the SYC Roster. - See Policy A-016 Contact List

Associate Membership Social	Dues \$ 372.38	HST \$ 48.41	Total \$ 420.79
Associate Membership On Contact List	Dues \$ 397.38	HST \$ 51.66	Total \$ 449.04

Membership dues and any fees are non-refundable.

All SYC members are responsible for reading and following all club policies and rules. These rules exist so that you and your fellow-members can have safe & enjoyable experience when at your club.

I acknowledge that if approved for membership, I will read and follow all SYC policies and rules. _____ (initial)

All SYC policies and rules can be found on the website at: sarniyachtclub.ca and in the annual SYC Roster which can also be found electronically on the website.

Members of the Family: Spouse/Partner: _____

Dependent Children _____

I hereby enclose my cheque for \$_____ as payment.

I affirm that the information contained in this membership application is true and accurate.

Applicant’s Signature: _____ Date _____

Office Manager must ensure that all information is completed before submission for Board Approval, including letter of recommendation.