

Mship-1C-IDS

## **Application for 2024 Associate Intermediate Dry Sail Membership**

Name: Ac	ddress:		
Phone: En	Email:		
I authorize the club to send invoices to the e- This application is sponsored by a current ac		rovided (initials) a good standing and requires a letter of reference	ce.
Current Active Member Name:			
<ul> <li>with wet well privileges.</li> <li>You want to keep a small boat at the club be offered Active Membership with wet</li> <li>For additional information you should re information is available on the club's wel</li> <li>You are entitled to limited boating privile</li> <li>After six years as an Intermediate Dry Samembership status reverts to Associate.</li> </ul>	wants to dry sail o, your name go well privileges. ference club pol bsite sarniayach eges See Polic ail Member, you	a small boat with a pathway forward to Active Mees on the Contact List and when it approaches the cicies A016 Contact List and A017 Intermediate Dractclub.ca	op you wil
and your fellow-members can have safe & er	njoyable experi	g all club policies and rules. These rules exist stence when at your club.  and follow all SYC policies and rules  sarniayachtclub.ca and in the annual SYC Ro	(initial)
and your fellow-members can have safe & er  I acknowledge that if approved for members!  All SYC policies and rules can be found on t	njoyable experi nip, I will read he website at:	and follow all SYC policies and rules	(initial)
and your fellow-members can have safe & end acknowledge that if approved for members All SYC policies and rules can be found on to can also be found electronically on the websit	njoyable experi nip, I will read he website at:	ence when at your club.  and follow all SYC policies and rules  sarniayachtclub.ca and in the annual SYC Ro  Option 2	(initial) ester whicl
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Office Manager must ensure that all information is completed before submission for Board Approval, including letter of recommendation.