



AUSTIN YACHT CLUB MEMBERSHIP APPLICATION



Senior Membership Associate Membership Young Adult Membership Student Membership

Applicant's Name: _____ Birth Date: _____

Home Address: _____

City/State: _____ Zip: _____ Home Phone: _____

Email: _____

Preferred Billing Method: Email Mail Auto-Draft (See Office for Authorization Form)

Applicants Occupation: _____ Work Phone: _____

Business Name: _____

Spouses Name: _____

Spouses Occupation: _____ Work Phone: _____

Business Name: _____

Children's Name & Ages (under 24): _____

Boat Owned: _____ Sail No: _____ Name: _____

Are you the sole owner? _____ Co-owner(s) Name(s): _____

Additional Boats: _____

Reason for seeking AYC Membership:

References (AYC member(s) whom we may contact): _____

(You may submit letters from other sailing organizations or skippers of boats on which you have been sailing/racing)

PLEASE RETURN APPLICATION TO:

Austin Yacht Club
Attn: Membership
5906 Beacon Drive
Austin, TX 78734-1428

SAILING EXPERIENCE

Date From	Date To	Boat	Location

RACING EXPERIENCE

Date From	Date To	Boat/Skipper	Event	No. of Races	Sponsoring Organization

I have read and understand the AYC Membership Policy, AYC By-Laws, AYC Harbor Rules, and the AYC House Rules; my family and I agree to abide by them. In consideration for AYC Membership, we agree to hold AYC and/or staff harmless from any damage or injury as a result of sailing, boat storage or use of facilities.

Applicant Signature: _____ Date: _____

Sponsoring Member: _____ Date: _____

Note: Application will not be accepted unless completed in full and accompanied by \$100 Application Fee.