



AFFILIATE MEMBERSHIP

Application for Affiliate Membership

All proceedings of the Membership Committee and the Board of Governors are confidential, and no member of the Membership Committee or the Board of Governors shall be questioned in regard thereto. The Membership Committee in its discretion may decline to discuss an application if the following is incomplete or deemed to be insufficient.

Name of Candidate: _____

Type of Membership (please check appropriate category):

- Resident 18-24 Resident 25-29
 Resident 30-34 Resident 35+
 Non-Resident

Home Address: _____

Business Address: _____

Home/Cell Phone: _____ Business Phone: _____

E-mail: _____

Birth Date: _____ Place of Birth: _____ Nationality: _____

Education: _____

Name and nature of business and position: _____

Name of Spouse: _____

Name of Child(ren) and Date(s) of Birth:

1. _____ 2. _____
3. _____ 4. _____

Membership of Other Clubs & Other Activities: _____

Boat Owner/Description & Name: _____

Length of Time Affiliate Membership is requested: _____

I, the Proposer of _____ have known the candidate for _____ years.

Signed: _____ Date: _____

Member's Name: _____ Member's Account #: _____

The above information is true and correct to the best of my knowledge and if elected an Affiliate Member, I agree to abide by the Rules and Regulations of the Royal Bermuda Yacht Club.

Signed by Candidate: _____ Date: _____