

SOMERS COVE YACHT CLUB

Membership Application

Applicant Name _____ Spouse _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____
Phone (Home) _____ Work _____ Fax _____
E-Mail (member) _____ E-Mail (spouse) _____

Vessel: Name _____ Home Port _____
Berth _____ Slip # if Somers Cove _____
Type – ___ Power ___ Sail (check one) Builder _____
Year _____ Beam _____ Draft _____ L.O.A. _____
Monitor Channels _____

Current Memberships: (Yacht Clubs, Power Squadron, Boating Associations, Etc.)

Basic Boating Interests:

Cruising: check all that apply ___ DAY ___ WEEKEND ___ 1 WEEK
___ 2 WEEKS OR LONGER ___ EAST COAST ___ I.C.W.

Interests: Sailing regattas, predicted log contests, rendezvous, other _____

Prior Boating Experience:

(Number of years, type, areas, USCG, Navy, Merchant Marine, etc.)

Hosting Event Experience:

List experience such as Cocktail Parties, Crab Feasts, Dinners, Cruise Captain, Officer
Of SCYC or other clubs: _____

Anniversaries & Birthdays:

Member Birthday _____ Spouse Birthday _____
Anniversary _____

Sponsors: SCYC Members – two required

1. _____ Date _____
2. _____ Date _____

Board Recommendation: (two required)

1. _____ Date _____
2. _____ Date _____

Fees: Must accompany completed application

Initiation: \$50.00 Annual Dues: \$80.00 January 1 – December 31

Mail To: Make Checks Payable To: Somers Cove Yacht Club
Somers Cove Yacht Club, P.O. Box 335, Crisfield, Md. 21817
I prefer to receive event notifications by: EMAIL US MAIL