



Sacramento Bayliner Club

Membership Application

- Skipper's Name _____
- Birthday (Month and Day) (MM/DD): _____
- Address (Number and Street): _____
- City: _____
- State: _____
- Postal/ZIP Code: _____
- Phone Number: _____
- Email Address: _____

- First Mate's Name _____
- Birthday (Month and Day) (MM/DD): _____
- Address (Number and Street): _____
- City: _____
- State: _____
- Postal/ZIP Code: _____
- Phone Number: _____
- Email Address: _____

- Mascot Name(s): _____

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- Vessel Name _____
 - Length/Beam _____
 - Make/Model _____
 - CF Number _____, or
 - Documentation Number _____
 - Berth Location _____

By signing this application, you agree to follow the Sacramento Bayliner Club's By-Laws.
Please include your Declaration of Insurance for your vessel with this application.

Your Signature: _____ Date: _____

1st Sponsoring Member's Signature: _____ Date: _____

2nd Sponsoring Member's Signature: _____ Date: _____