



Date: _____

MEMBERSHIP APPLICATION

South Lake Tahoe Windjammers Yacht Club

Name: _____ Cell Phone: _____

Email Address: _____

Spouse/Partner: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Boat Owner: _____ Power Boat _____ Sailboat _____ No Boat

Boat Name: _____ Length: _____

Mfg/Model: _____ Sail Number: _____

U.S. SAILING Member: _____ Yes _____ No SO. CAL PHRF: _____

Insurance Co: _____ Policy#: _____

Would you be interested in assisting with club business? _____

How did you find us? _____

Referred by: _____

This application will be reviewed by the SLTWYC Executive Board and you will be notified.

Signature Please Print Name

Signature of Spouse/Partner Please Print Name

Annual Membership Fees:

- \$300 per couple
- \$200 for singles
- \$100 for associate/junior (1 year only)
- \$50 application fee

Please mail completed application and check made payable to SLTWYC to:
South Lake Tahoe Windjammers Yacht Club
Attn: Membership
PO Box 10466
South Lake Tahoe, CA 96158

For the sltwyc.com website: username _____ email address _____