

PRESIDIO YACHT CLUB Membership Application

Applicant, please fill out and mail to: PO Box 248, Sausalito, CA 94966-0248
Thank you!

Name:				Rank:
Spouse:	Dependent Children:			
Address:				
City, State, Zip:				
Home Tel:	Work Tel:		_ Cell:	
Email:				
Membership Classification [_] Active Duty [_] Reset [_] Retired Military [_] Notes that the control of the con	erve [_]DoD Civili Non-DoD Civilian attach copy of mi	litary, civilian emplo	·	nt [_] Veteran dent ID card and check below:
Membership Fees and D Initiation Fees:[_]	None for Active D	Outy or Other Militar I other Military and a	•	2
		e nually	ali Civillali	
Boat Information:		•		
Vessel Name:		Type:	Leng	th:
Payment may be made to Club. If paying by credit	•			eck payable to the Presidio Yach
Card type: [_] Visa [_] MacCC#: Name as appears on cre	 edit card:	E		<u> </u>
Signature of Card Holde	r:			
Civilian Only:				
First Endorsement:	Name:		Signa	ature:
Second Endorsement:	Name:		Signa	ature: