

PRESIDIO YACHT CLUB Membership Application

Applicant, please fill out and mail to:

Presidio Yacht Club, PO Box 248, Sausalito, CA 94966-0248

Thank you!

Name:		Rank:	
Spouse:	Dependent C	Children:	
Address:			
		Cell:	
Email:			
		esired):	
[_] Retired Military [_] For military classification check below:	erve [_]DoD Civilian [_ Non-DoD Civilian	_] Military Spouse / Dependent [_] Veteran r, civilian employee, or dependent ID card a _] Marines	
Membership Dues: Acti Milit Civi	[_] None for Active Du [_] \$50 for all other M	ity or Other Military E1-E4, O1-O2 ilitary and all Civilian	
Boat Information: Vessel Name:	Type: _	Length:	
Présidio Yacht Club. If _l Card type: [_] Visa [_] N	paying by credit card, plo MasterCard	If paying by check, make check payable to ease provide information below: Exp. date CCV#:	the
Name as appears on cr	edit card:		
Signature of Card Holde	er:		
Civilian Only: First Endorsement:	Name:	Signature:	_
Second Endorsement	Name [.]	Signature:	