

Oakmont Yacht Club Social Membership Application

Date Applie	ed:	Date Interviewed:	Date Approved:	Member#:
Full Name	:	First	M.I.	Birth Date:
Spouse:	Last	First	M.I.	Birth Date:
Address:	Street Address	City		State Zip
Phone:	Cell or Home	·		·
Occupatio	n:	Compa	any:	Tenure:
Have you previously applied to the Oakmont Yacht Club? Yes No Do you own a boat? Yes No				
Why do you want to become a member of the Oakmont Yacht Club?				
On which of the following committees would you be willing to serve:				
Entertainment Regatta Finance Yachting Marina General Work Detail House Membership				
OYC Sponsor Member (Social, Active, or Life)				
Print Nam	e:		M	lember #:
Phone:	hone: Signature:			
To the Oakmont Yacht Club Officers and Members: I, the undersigned applicant, hereby apply for membership to the Oakmont Yacht Club. If accepted, I swear to uphold and abide by all rules and regulations set forth in the OYC By-Laws.				
Signature of the Applicant: Date:				
Each applicant must be recommended by two ACTIVE Members:				
Print Nam	e:	Member #	Print Name:	Member #
6. .			Signature:	
Initiation Fo	ee:\$	Pro-Rated Dues: \$	Total Due: \$	Circle Type: Cash Card Check
Application	Received By:		Member #: _	Date: