


CHULA VISTA YACHT CLUB

Chula Vista Junior Membership—Application

Name: _____ **Age:** _____
Street: _____ **Date of Birth:** _____
City: _____ **State:** _____ **Zip:** _____
Father's/Mother's or Guardian's Name: _____
Relationship: _____ **Telephone:** _____
Emergency Phone Numbers: (1) _____ **(2)** _____
Email: _____

(This form must be accompanied by liability waiver, medical consent and acceptance of Rules of Behavior)

Agreement:

I, _____ hereby apply for membership for
_____ in the Chula Vista Yacht club. I (We) agree to pay dues to
the club on the first of each month for the amount specified here above. I hereby agree to
abide by the By-Laws and House rules of the club. This agreement will renew
automatically on the anniversary date unless terminated in writing by the member prior to
the renewal date.

Signed: _____
Date: _____
(parent or Guardian)

Method of payment:
M/C Visa Check Cash

Club Member Sponsors:

Sponsor: _____ Date: _____ Sponsor: _____ Date: _____

Send completed forms (application, release, consent) to:

Junior Program Director
Chula Vista Yacht Club
California Yacht Marina
642 Marina Parkway #82
Chula Vista, CA 91910

Phone: 619-422-7888 Fax: 619-422-3406 Email: juniors@cvyc.org