



Dixon Boat and Fishing Club
P.O. Box 808 Dixon CA 95620

MEMBERSHIP APPLICATION

A \$100.00 NON-REFUNDABLE DEPOSIT* IS REQUIRED AT THE TIME OF SUBMITTAL OF THIS APPLICATION. *Special circumstances may result in a refund pending a Board review.

A SPONSOR IS REQUIRED AND IS TO BE A MEMBER IN GOOD STANDING WITH THE DIXON BOAT AND FISHING CLUB.

SPONSORS NAME _____ MEMBER NUMBER _____

APPLICANTS NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ EMERGENCY # _____

E-MAIL ADDRESS _____

OCCUPATION _____

HOBBIES/SKILLS _____

BOAT _____ CF# _____ YEAR _____ LENGTH _____ ft.

I, _____, DO HEREBY APPLY FOR MEMBERSHIP IN THE DIXON BOAT AND FISHING CLUB INC. I AGREE TO PAY THE INITIATION AND DUES FEES OF \$300 AT THE TIME OF INITIATION. I HAVE READ AND UNDERSTAND THE BYLAWS/SOP's AND AGREE TO ABIDE BY THEM AND ALL REGULATIONS OF THE CLUB. I WILL FULFILL ALL REQUIREMENTS SET FORTH IN THE BYLAWS, I WILL PARTICIPATE IN CLUB ACTIVITIES AND WORK TO PROVIDE FOR THE CONTINUED WELL BEING OF THE GENERAL MEMBERSHIP AND CLUB PROPERTY. I RECOGNIZE THE IMPORTANCE TO ACTIVELY STRIVE TO BE A MEMBER IN GOOD STANDING.

APPLICANTS SIGNATURE _____ DATE _____



FAMILY MEMBERS

\$10.00 A YEAR SPOUSE OPTIONAL MEMBERSHIP AVAILABLE:

SPOUSE NAME (First & Last): _____

CHILDREN'S NAMES UNDER AGE 19 (please list First & Last names of each child):

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

! -- For Boat Club Staff Only -- !

Deposit Received Date: _____

Check #: _____

Wait List #: _____

Approved/Denied Date: (A) (D) _____