DEL RE	EY YACHT CLUB	
CO-MEMB	<b>ERSHIP APPLICATION</b>	
Date: / /		
Name Of Applicant:		
Address:	City:	_State:Zip:
Home Phone:	Cell Phone:	
Home Fax:	Work Phone:	
E-Mail Address:		
PERSONAL:		
Date Of Birth:	Social Secu	rity #:
How Long At Current Address:		
EMPLOYMENT:		
Employer:		Retired:
Type Of Business:	Position:	
MEMBER INFORMATION:		
Member Name:	Member Number:	
		ediate Emeritus
Applicant's Relationship To Member:		
MEM	BER DECLARATION	
Pursuant to the By-Laws of Del Rey Yacht Club above named Applicant who I assert to be my S social relationship.		
Signature	Member Number	Date
Revised: 10/20/2007		Form # 4005