DEL REY YACHT CLUB



Emeritus Membership Request Check List

DATE OF REQUEST: _	/	/				
MEMBER NAME: _						
MEMBER NUMBER: _ FLAG MEMBER SINCE: _			_			
Age Of Applicant:		(Min	. 80 Years O	ld)		
# Continuous Years As A Flag Member:		(Min	. 25 Years)			
Does Member Have A Slip:	Ye	es 🗌	No			
Does Member Have Dry Storage:	Ye	es 🗌	No			
Does Member Rent a Locker:	Ye	es 🗌	No			
Is Member On Any Waiting List:	Ye	es 🗌	No			
Has Member Placed His Flag Certificate For Sale:	□ Ye	es 🗌	No			
	Office Use (Only Below Line				
	Office Use C	JIIY BEIOW LINE				
# Of Existing Emeritus Memb	ers:					
The Above Information Has Bee	en Reviewed	d And Verifie	d By:			
Office Manager:			Date:	/	/	
Port Captain:			Date:	/	/	