



Delta Sport Boat Yacht Club  
Application/Renewal

Applicant's Name \_\_\_\_\_ Spouse or Companions Name \_\_\_\_\_

Applicant's e-mail address \_\_\_\_\_ Spouse or Companion e-mail \_\_\_\_\_

DOB~ Month and Day Only \_\_\_\_\_ DOB~ Month and Day Only \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's Cell Phone Number \_\_\_\_\_ Applicant's Home Phone Number \_\_\_\_\_

Make of Vessel \_\_\_\_\_ Length \_\_\_\_\_ Top Speed \_\_\_\_\_ CF Number \_\_\_\_\_ Name of Vessel \_\_\_\_\_

**VESSEL INSURANCE CONFIRMATION**  
(Confirmation of Insurance (Copy) must accompany this application)

Insurance Carrier \_\_\_\_\_ Renewal Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Annual membership fee is \$175.00. Fees are due on or before November 1<sup>st</sup> of every year.

**Names will be removed from the club roster and website if annual membership renewal fees are not paid in full by the 31<sup>st</sup> of January each year. Fees paid after January 31 will result in a \$25.00 late fee.**

Annual Dues Enclosed: Actual: \$175.00

Suggested annual PICYA Donation: \$ 3.50 per person Actual: \$ 7.00

Suggested annual RBOC Donation: \$10.00 per person Actual \$ 20.00

**TOTAL AMOUNT ENCLOSED:**

**TOTAL: \_\_\_\_\_**

Mail Completed Application to: DSBYC/Membership  
%Susie West  
P.O. Box 1226  
Ripon, CA 95366