

Silva Bay Yacht Club P.O. Box 154

Gabriola Island, BC V0R 1X0 www.silvabayyachtclub.com



REINSTATEMENT OF LAPSED MEMBERSHIP APPLICATION

(NOTE: an asterisk (*) denotes a required field.)

*Name:	*Spouse:	
*Address:	*Tel No.: ()	
·	*E-Mail:	
Name of Vessel:	Length:	Power □ Sail □
Moorage Location:		
Last Year of Previous Membership:		
Other Current Yacht Club Memberships:		
*Why are you interested in rejoining SBYC?		
SBYC is an active club. As a member pleas all that apply):	e indicate which club activities y	ou intend to participate in (check
Cruises	_ Land-Based Soc	cial Activities
Attending Monthly Meeti	ngs Attending Month	lly Lunches
☐ Using Reciprocal Privileg	ges	
☐ Other (please describe)		
*Would you like to help out on one or mor If yes, please check your area of preference: If no, do you have other talents that you would be willing to share with the club?	e SBYC committees? □ YES □ Social □ Publications & Communicat □ Membership	□ NO □ Cruising
I would consider holding office in the club at	a future time: Yes □	No □
□ Reinst	atement Fee - \$5	50.00
□ Annua	I Dues - \$7	75.00
□ Marine	Parks Forever Society ⁽¹⁾ \$1	0.00
*Please find payme	ent enclosed □ \$125.00; □ \$13 (check the applicable	
(1) Marine Parks Forever Society is a non-profit of (See the link un	rganization that secures and mainta der "Membership/General Informat	ains provincial marine parks. tion")

NOTE: Payment must be received before a reinstatement application will be considered for approval.