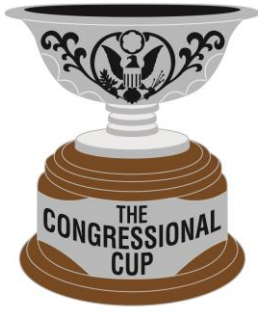


CONGRESSIONAL CUP®



Club 100 Membership Application 2017

Membership Type

_____ Individual Membership \$350

_____ Couples Membership \$600

_____ Membership Renewal

_____ New Member

Name(s) _____
(Please list names, as you would like them to appear in Long Beach Yacht Club, Congressional Cup publications and print media.)

Address _____

City _____ State _____ Zip _____

Telephone _____ Member Email _____

Spouse's Email _____

Signature: _____ Date: _____ Account #: _____

**I / We agree that the remaining balance of this pledge will be received by
Long Beach Yacht Club on or before March 13, 2017.**

Payment terms as follows:

_____ Please bill me for full payment to post on my _____ statement

_____ Please bill me for two installments of \$ _____ each in the months of _____ and _____

Signature: _____ Date: _____ Account #: _____

Please email or return completed form to Andrea Hart (ahart@lbyc.org) or drop off at the Front Desk.

Questions please contact Cheri Busch (562) 533-3330 or send an email to cheribusch@gmail.com.