

JOINT MEMBERSHIP APPLICATION

CAPE CHARLES YACHT CLUB

PLEASE INPUT YOUR INFORMATION IN THE FORM FIELDS BELOW
 (Questions regarding this application – email bethlcalder@gmail.com)

JOINT MEMBERSHIP IS DEFINED AS PARTNERS WHO ARE EITHER MARRIED OR DOMICILED TOGETHER

Applicant Names:		
Dates of Birth: (day/month/year):		
Email Addresses:		
Mailing Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone(s):	

WATERCRAFT INFORMATION

Boat Name:	Make:	Length:
Sail or Power:	Marina:	

PLEASE NOTE THAT CAPE CHARLES YACHT CLUB IS DEPENDENT UPON ITS MEMBERSHIP FOR PROVIDING NECESSARY SERVICES THAT MAKE THE CLUB FUNCTION. WE ASK OUR MEMBERS TO VOLUNTEER THEIR TIME AND EFFORTS FOR VARIOUS CCYC ACTIVITIES. PLEASE INDICATE WHICH ACTIVITIES YOU ARE WILLING TO HELP WITH:

- | | | |
|---|--|---|
| <input type="checkbox"/> Social Committee | <input type="checkbox"/> Weekend Cruises | <input type="checkbox"/> Small Boat/Kayaking Events |
| <input type="checkbox"/> Beverage Crew | <input type="checkbox"/> Charitable Giving | <input type="checkbox"/> Road Clean-Up |
| <input type="checkbox"/> Club Photography | | |

APPLICATION PROCESSING

THE INTRODUCTION OF APPLICANT AT AN EVENT BY ONE OF THEIR TWO SPONSORS IS REQUIRED BEFORE THE APPLICATION IS CONSIDERED COMPLETE. CONTACT YOUR SPONSORS WITH ANY QUESTIONS. SPONSORS MUST BE CCYC MEMBERS IN GOOD STANDING FROM TWO SEPARATE HOUSEHOLDS.

Visit capecharlesyachtclub.com to view the Events Calendar

Sponsor #1 Name:	Phone:
Sponsor #2 Name:	Phone:

Initiation Fee - \$150 (Fee goes into "Reserve Fund" for future capital expenses).

Annual Membership Fee - The CCYC fiscal year is January – December.

Initial dues are prorated based on which month the application is submitted and reviewed by the Board as indicated below (applications are reviewed monthly). Please check applicable box.

<input type="checkbox"/> Jan-Mar: \$200	<input type="checkbox"/> Apr-June: \$150	<input type="checkbox"/> July-Sept: \$100	<input type="checkbox"/> Oct-Dec: \$50
---	--	---	--

Membership includes a CCYC Name Tag for each applicant

TOTAL FEES: \$ _____

Applicants' Signatures: _____ | _____ Date _____

Please **Email** application to bethlcalder@gmail.com

Mail check payable to: **Cape Charles Yacht Club, P.O. Box 145, Cape Charles, VA 23310**