



NEW MEMBERSHIP APPLICATION 2021

I would like to apply for Full Membership in the Kingman Yacht Club (KYC).

APPLICANT'S NAME: _____

OTHER HOUSEHOLD MEMBERS (OVER THE AGE OF 21) TO SHARE IN THE PRIVILEGES OF KYC MEMBERSHIP: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER(S): _____

E-MAIL ADDRESS(S): _____

BOAT NAME: _____ MFR: _____

BOAT LENGTH: _____ MOTOR OR SAIL: _____ YEAR BUILT: _____

HAIL PORT: _____ DO YOU KEEP YOUR BOAT AT KINGMAN? _____

REASONS YOU'D LIKE TO JOIN AS A FULL MEMBER OF KYC: _____

SPONSOR STATEMENT: I, _____, a Full Member in good standing of Kingman Yacht Club, hereby sponsor _____ for acceptance as a new, Full Member. I have known the applicant for _____ years and endorse him/her without reservation. I have had the following social and/or official contacts with the applicant: _____

Signed: _____

(OVER)

(Sponsor Member)

Payment in full of all fees and dues is required with this application, and will be refunded in full if your application is denied.

FEE STRUCTURE:	Initiation Fee:	\$300	\$200 until 6/15/21
	Annual Membership Dues:	<u>\$150</u>	Special 2021 Discount
		\$450	

IF YOU ARE A LONG-TERM LESSEE OR SEASONAL SLIP OR MOORING RENTER AT KINGMAN YACHT CENTER, DEDUCT \$50 FROM YOUR MEMBERSHIP DUES FOR 2021 FOR A \$150 SAVINGS THIS YEAR.

Please complete and sign this application and return it with payment in full by credit card or check to Kingman Yacht Club. By mail to P.O. Box 408 Cataumet, MA 02534. By fax to (508) 563-6493.

If you would like to pay by credit card, please indicate: MasterCard Visa Discover AMEX

Card #: _____ Expiration Date: _____

Name on Card: _____ Payment Amount: \$ _____

To the Club Secretary,

By my signature below, I hereby apply for Full Membership privileges in the Kingman Yacht Club and acknowledge my refundable pre-payment of all fees and dues specified in this application. If admitted as a Full Member to the Kingman Yacht Club, I agree to abide by all Club rules and By-Laws.

Signature: _____ *Date:* _____

DO NOT WRITE BELOW THIS LINE

_____ Complete application received by Secretary.

(Date)

_____ Applicant name circulated to all Members.

(Date)

_____ Two-week comment period ends.

(Date)

_____ KYC Operations Board votes to _____ ACCEPT _____ DENY admission.

(Date)