



Membership Application

CATEGORY OF MEMBERSHIP

- ☐ Active Member (36 years of age and over)
- ☐ 65 years of age and over
- ☐ Intermediate Member (19-35 years of age)
- ☐ Junior Member (sponsoring member's child/grandchild who is 18 years of age or younger)
- ☐ Out of Town Social Member (resides outside a 75 kilometer radius of the Club or outside Canada)
- ☐ Reinstatement

CANDIDATE INFORMATION *(To be published in the roster)*

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Given name: _____

Surname: _____

Home address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____

Phone: _____ E-Mail: _____

Cell Phone: _____ Res.Fax: _____

Date of birth: ____/____/____
MM DD YYYY

☐ Please check if you would like to publish birthday (day and month only)
in the monthly Ship's Log

CANDIDATE OCCUPATION

☐ Please check to publish business and phone number in the roster

Nature of business or profession: _____ Title/Position: _____

Business name: _____ Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____

CANDIDATE OCCUPATION Continued

Business phone: _____ Ext. _____ Fax: _____

E-Mail: _____

How long have you been associated with present employer/business/profession: _____

Previous employment (if less than 5 years) _____

BILLING ADDRESS (if applicable)

Address: _____

City: _____

Prov./State: _____ Postal/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

VACATION HOME (if applicable)

Number of resident months per year: _____

Address: _____

City: _____

Prov./State: _____ Postal/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

ADDITIONAL INFORMATION

Do you own a boat? ☐ Yes ☐ No

If yes, do you plan to apply for a boat well at WYC? ☐ Yes ☐ No

Boat name: _____ ☐ Please check to publish boat name in the roster

Manufacturer: _____ Model: _____

Length: _____ Beam: _____ Draft: _____ ☐ Power ☐ Sail

FAMILY

Marital Status: ☐ Single ☐ Married ☐ Common-Law ☐ Widow ☐ Divorced

Spouse's title (if applicable): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Spouse's given name: _____ Spouse's surname: _____

Spouse's date of birth: ____/____/____ ☐ Please check if you would like to publish birthday (day and month only) in the monthly Ship's Log
MM DD YYYY

Anniversary date: ____/____/____ ☐ Please check if you would like to publish Anniversary (day and month only) in the monthly Ship's Log
MM DD YYYY

FAMILY

9000 Riverside Drive East, Windsor, ON N8S 1H1 (519) 945-1863 windsoryachtclub.com Lat N 42° 20' 29" Long W82° 56' 00"

FAMILY Continued

Spouse's occupation : _____

Name(s) and date of birth of child/children (if applicable)

Name: _____

Name: _____

Date of birth: ____/____/____ ☐ Male ☐ Female
MM DD YYYY

Date of birth: ____/____/____ ☐ Male ☐ Female
MM DD YYYY

Name: _____

Name: _____

Date of birth: ____/____/____ ☐ Male ☐ Female
MM DD YYYY

Date of birth: ____/____/____ ☐ Male ☐ Female
MM DD YYYY

AFFILIATIONS

Name(s) of clubs, societies and organizations in which you hold membership

PAYMENT OF MEMBERSHIP ACCOUNT AND CREDIT INFORMATION

Payment of account is due upon receipt of the monthly statement. Applicant agrees to pay the account when due. If account becomes delinquent, membership privileges will be suspended. A valid credit card number shall be submitted with this application. If the account remains unpaid for 45 days from the due date, the club may elect to use this credit card to satisfy any outstanding balances. Applicant agrees to notify the club of any changes to their credit card number.

Visa or MasterCard number: _____ V-Code: _____

Expiry Date: _____ Signature: _____

NAME OF FINANCIAL INSTITUTION(S)

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Prov/State: _____ Postal/Zip _____

Prov/State: _____ Postal/Zip _____

MEMBERSHIP ENDORSEMENT

The application must be endorsed by a sponsor Member whose account is in good standing

Sponsor: _____ Account number: _____

The undersigned Commodore and Board Director must certify that they have been introduced to the applicant

Name: _____ Account number: _____

Name: _____ Account number: _____

Name: _____ Account number: _____

Name: _____ Account number: _____

DECLARATION

In submitting this application for membership, I certify that the above information is correct and I authorize the Windsor Yacht Club to make inquiries regarding my general background, character and credit standing. I have reviewed the enclosed information regarding the classification of membership I am applying for and agree to pay promptly all dues, fees, assessments and interest charges on my account. I agree not to demand disclosure of any information gathered by the Windsor Yacht Club in its evaluation of me and release from any claims all people furnishing information about me.

I understand my application will be reviewed by the Membership Director, posted in the Club House for no less than (30) thirty days and must be approved by the Board of Directors. If I am accepted for membership at the Windsor Yacht Club, myself and the members of my family will conform with the By-Laws and Board Regulations and comply with established policies and procedures currently in effect.

Signature: _____

Witnessed: _____

Date: _____

FOR OFFICE USE ONLY

Proposed membership number: _____

Classification: _____

Initiation fee paid: _____ ☐ Waived

Date application received: _____

Date application approved: _____