



Corporate Membership Application

CORPORATE MEMBER

- ☐ One Designate
☐ Two Designates
☐ Three Designates

COMPANY INFORMATION (To be published in the roster)

Company name: _____

Address: _____

City: _____ Prov./State: _____ Postal/ZipCode: _____

Phone: _____ E-Mail: _____

Fax: _____

DESIGNATE ONE

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

Given name: _____

Surname: _____

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

Home address: _____

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

Phone: _____ E-Mail: _____

Cell Phone: _____ Res.Fax: _____

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

DESIGNATE ONE - SPOUSE/SIGNIFICANT OTHER

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 occupation: _____ Spouse's Email: _____

Spouse's 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

Anniversary date: ____/____/____
MM DD YYYY

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

DESIGNATE TWO

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

Given name: _____

Surname: _____

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

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

DESIGNATE TWO - SPOUSE/SIGNIFICANT OTHER

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 occupation: _____ Spouse's Email: _____

Spouse's 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

Anniversary date: ____/____/____
MM DD YYYY

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

DESIGNATE THREE

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

Given name: _____

Surname: _____

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

Home address: _____

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

Phone: _____ E-Mail: _____

Cell Phone: _____ Res.Fax: _____

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

DESIGNATE THREE - SPOUSE/SIGNIFICANT OTHER

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 occupation: _____ Spouse's Email: _____

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

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 the 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 90 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: _____

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

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: _____

NOTES
