



# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  Please check if you would like to publish birthday (day and month only)  
MM DD YYYY in the monthly Ship's Log

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

## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  Please check if you would like to publish birthday (day and month only)  
MM DD YYYY in the monthly Ship's Log

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

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

---

## 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

---

---

---

---

---