



MEMBERSHIP APPLICATION FORM (Please Print or Type All Entries)

Applicant

Name: _____

Date: _____

For CFYC
Use Only

Spouse Name: _____

Addresses:

Permanent Address	Street / PO Box	_____		
	City	_____	State/ Zip	_____
	<input type="checkbox"/> Send mailings to this address.			

Other Address	Street / PO Box	_____		
	City	_____	State/ Zip	_____
	<input type="checkbox"/> Send mailings to this address.			

Phone Numbers:

	Home	Work
Applicant	_____	_____
Spouse	_____	_____
	_____	_____

E-Mail Addresses:

Applicant	_____
Spouse	_____

Occupation:

Applicant _____ Spouse _____

Children (Name & Year Born):

Describe Boating/ Yacht Club/ Sport Fishing Experience:

Boat(s) Currently Owned:

Type	Make	LOA	Boat Name
Power			
Sail			
Other			

Activities & Interests	<input type="checkbox"/> Sailing	<input type="checkbox"/> Race Committee	<input type="checkbox"/> Adult Sea Ed Training & Activities	<input type="checkbox"/> Membership
	<input type="checkbox"/> Raft-ups	<input type="checkbox"/> Protest	<input type="checkbox"/> Youth Training & Activities	<input type="checkbox"/> House
	<input type="checkbox"/> Regatta	<input type="checkbox"/> Fleet Support	<input type="checkbox"/> Predicted Log Racing	<input type="checkbox"/> Finance
	<input type="checkbox"/> Cruising	<input type="checkbox"/> Sport Fishing	<input type="checkbox"/> Radio-Control Fleet	<input type="checkbox"/> Social
	<input type="checkbox"/> Racing	<input type="checkbox"/> Kayak/Canoe	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Web Site

Comments	

Membership Classification Applied For (Annual Fee Shown):

Family: \$500.00 Single: \$300.00

Sponsor: _____ Signature: _____

^{1st} Endorsement: _____ ^{2nd} Endorsement: _____

Fill out this Application complete with signatures and mail it to the Vice Commodore, Cape Fear Yacht Club, PO Box 10180, Southport, NC 28461. For **Family** and **Single** memberships, please include a check in the appropriate amount listed above and a check in the amount of \$1000 payable to Cape Fear Yacht Club to cover the Initiation Fee.

I understand that as a Member of CFYC I am responsible for the prompt payment of all Member dues, special assessments, and charges for which I am duly invoiced by CFYC. I have read and understand the rights, privileges, and limitations as they apply to the Membership Classification for which I am submitting this application.

Applicant's Signature: _____ Date: _____