



# Huron Yacht Club

## 2018-19 NEW MEMBER APPLICATION

Date: \_\_\_\_\_

### TYPE OF MEMBERSHIP *(indicate level)*

- ACTIVE:** 21 yrs – older; full year; voting rights, officers, right to title/interest in Club property/assets; 1-2 persons;
- SINGLE:** 36 yrs – older; full use of club & facilities; full year; 1 person
- TRANSITIONAL:** 21-29 yrs; full use of club & facilities; full year
- JUNIOR:** 30-35 yrs; full use of club & facilities; full year
- LIMITED:** 21 yrs – older; full use of club & facilities October 1– March 31; some restrictions apply

For Office Use Only		
	Initial	Date
Entered Excel	_____	_____
Daily Email List	_____	_____
Copy Membership	_____	_____
Entered in QB	_____	_____
Cards Made	_____	_____
Member Packet	_____	_____
Aloha Entry	_____	_____
<b>MEMBER #:</b> _____		
<b>TOTAL Received: \$</b> _____		
Dues: _____		
Initiation Fee: _____		
Other: _____		
Tax 6.75%: _____		
Date: _____		
<input type="checkbox"/> Check # _____		
<input type="checkbox"/> Credit Card		<input type="checkbox"/> Cash

Have you ever been a member of the Huron Yacht Club previously? Yes No If yes, when? \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ Birthday: \_\_\_\_\_ Occupation: \_\_\_\_\_

CO-APPLICANT NAME: \_\_\_\_\_ Birthday: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

BOAT (if applicable):  Power  Sail Model: \_\_\_\_\_ Year: \_\_\_\_\_ Length: \_\_\_\_\_

Would you be interested in more information for: *(circle any)* Social Events Marina Golf Power Fleet  
Sail Fleet Club Committees Leadership Opportunities Beautification Projects Maintenance Projects

*Applicants for membership in HYC must be at least twenty-one (21) years of age. Benefits of an Active membership shall apply to all members of a family (husband, wife and all children under the age of 21) and shall have one (1) vote in club elections. Restrictions apply to Single, Transitional, Junior and Limited memberships. Refer to the HYC Constitution and By-Laws for specifics.*

I (we) acknowledge the total fees for joining the Huron Yacht Club are \$ \_\_\_\_\_, including tax, payable upon application. I further understand that membership applications must be posted for member review and approved by the HYC Board of Directors, a process that may take up to sixty (60) days. All fees will be refunded if membership is not approved. If accepted for membership, I pledge to abide by the HYC Constitution, By-Laws and House Rules.

Signed: \_\_\_\_\_ HYC Sponsor: \_\_\_\_\_ Member # \_\_\_\_\_

Please drop off at the Club or mail your payment and this completed application to:  
HURON YACHT CLUB P.O. Box 176, Huron, OH 44839 – Phone 419-433-3113