



# Chapoquoit Yacht Club

## Application for Membership Form

**Applicant Name:** \_\_\_\_\_

Spouse: \_\_\_\_\_

**Home: Address:** \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Tel.#: \_\_\_\_\_ Fax #: \_\_\_\_\_

e-mail: \_\_\_\_\_

**West Falmouth: Street Address:** \_\_\_\_\_

PO Box # \_\_\_\_\_ Zip \_\_\_\_\_

Tel.# \_\_\_\_\_ Fax#: \_\_\_\_\_

July \_\_\_\_\_ August \_\_\_\_\_ Summer \_\_\_\_\_

**Family members who will be using membership, in addition to Applicant:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Proposer Name:** \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Tel.#: \_\_\_\_\_ E-mail: \_\_\_\_\_

West Falmouth address: \_\_\_\_\_

P.O. Box # \_\_\_\_\_ Zip \_\_\_\_\_ Tel.# \_\_\_\_\_

**Sponsor:** \_\_\_\_\_ Tel:# \_\_\_\_\_

**Sponsor:** \_\_\_\_\_ Tel:# \_\_\_\_\_

**Council members you have met:**

---

---

**The Chapoquoit Yacht Club is a volunteer driven organization.** In order for the council to better assess your application, please provide the following information:

Occupation: \_\_\_\_\_

Occupation of spouse: \_\_\_\_\_

Sailing/boating experience: \_\_\_\_\_

Boats owned or chartered: \_\_\_\_\_

Experience with other sailing clubs/affiliations:

---

---

What non-instructional CYC activities have you attended to date?

---

---

**Please identify CYC activities of interest:**

Sailing instruction \_\_\_ Junior Racing \_\_\_ Adult racing \_\_\_ Social Activities \_\_\_

**Please identify areas of volunteer interest:**

Work weekends \_\_\_ Instruction \_\_\_ Lectures \_\_\_ Clambake \_\_\_

Jr. social activities \_\_\_ Sr. social activities \_\_\_ Racing \_\_\_ Other \_\_\_

\*\*\*\*\*

To be completed by membership chair:

Date complete application received with \$500.00 application fee \_\_\_\_\_

Date placed on wait list: \_\_\_\_\_

Date accepted for membership: \_\_\_\_\_