



APPLICATION FOR MEMBERSHIP

Sponsoring Member: _____

I understand that my application will be reviewed, and must be approved, by the SCYC Board of Directors. I hereby give permission for SCYC to make inquiries regarding my character, general reputation, and credit standing. I also understand that full payment of the initiation fee, card fee, and three months dues in advance must accompany this application. As a condition of membership, I understand and agree to volunteer productive operational support as an active voting member. If elected to membership, I agree to read and understand the By-Laws and other Club rules and to govern myself accordingly. Failure to do so, is grounds for dismissal. I further understand that all resignations must be submitted in writing, all financial obligations must be fulfilled, and membership and door cards returned before a resignation may be accepted.

Applicant's Signature _____ Date: _____

	Last	First	Male/ Female	DOB	Email
Member					
Spouse					
Children					

Street Address: _____

City: _____ State/Province: _____ ZIP Code: _____

Phones: Home ___ - ___ - _____ Business ___ - ___ - _____ Boat/Cell ___ - ___ - _____

Business Name: _____ Position/Title: _____

Business Address: _____ Type of Business: _____

Date of Birth: _____ Marital Status: _____ Anniversary Date: _____

BOAT INFORMATION:

Boat Owner: Yes/No Make: _____ Model: _____ Length: _____ Beam: _____

Sail or Power, style of boat (Runabout, cruiser, trawler, motor sail, etc.) _____

Boat Name: _____ MC No. _____

If Sail – Rig and Sail Number: _____

Docked at (Marina/club) _____ Well Number: _____

Membership Information – Member Affiliations:

I am a member of the following clubs, fraternal groups, and social organizations:

Primary Interest(s) in SCYC Membership: _____

In addition of financial dues, members are required to volunteer operation support and serve on a committee.

What skills or talents do you have that could be of benefit to SCYC? _____

Volunteer Preferences (1st, 2nd, 3rd, etc)

Anything _____ Clubhouse _____ Boating _____ Publicity _____ Courses/Seminars _____

Social Events _____ Communications _____ Financial _____ Predicted Log _____

Membership _____ Photography _____ Newsletter _____ Historian _____ Other _____

Previous SCYC Member: Yes No Date Resigned: _____

Member Endorsements

This application must be endorsed by at least four (4) current members in good standing or résumé.

1) _____ 3) _____

2) _____ 4) _____

MEMBERSHIP TYPES AND FEES (Minimum Payment must accompany completed application)

Class of membership applying for: Resident _____ Spouse _____ Non-Resident _____

Membership Level	Access Card Deposit Fee	Security Deposit Option*	Annually	Quarterly	Initiation Fee New Member	Total	Minimum Payment	Amount Enclosed
Resident (Voting) Renewal	N/A	\$100	\$460	\$115	N/A	\$460	\$105	
Resident (Voting) New Member	\$10	\$100	\$460	\$115	\$200	\$670	\$325	
Spouse (Voting) Renewal	N/A	\$100	\$230	\$57.50	N/A	\$240	\$57.50	
Spouse (Voting) New	\$10	\$100	\$230	\$57.50	N/A	\$240	\$67.50	
Non-Resident (Non-Voting) Renewal	N/A	\$100	\$150	N/A	N/A	\$150	\$150	
Non-Resident (Non-Voting) New	\$10	\$100	\$150	N/A	\$200	\$360	\$360	

* Must be paid before any member can take advantage of SCYC and reciprocal charge privileges
(Non-voting, must live outside State of Michigan, or more than 75 miles from the SCYC)

Please charge all applicable initiation fees, dues, card fees, and security charge deposit to my credit card as follows:

VISA MasterCard American Express/Optima or Check Check No: _____

Credit Card Number: _____ Expiration Date: _____

Print Name (as it appears on card) _____

Signature: _____ Date: _____

(CONFIDENTIAL WHEN COMPLETED) This application will be filed in the member's folder. SCYC member data is never shared or sold. **Please duplicate this membership application and pass along to a friend.**