

# THE CAPE FEAR YACHT CLUB

P.O. Box 10180 Southport, NC 28461



## MEMBERSHIP APPLICATION

(PLEASE PRINT OR TYPE ALL ENTRIES)

Contact: *Susan Forsyth, 309 W. Brown Street, Southport, NC 28461*

### NAME

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Spouse \_\_\_\_\_ Member # (CFYC USE) \_\_\_\_\_

### ADDRESS

### MAILING ADDRESS (IF DIFFERENT)

Street Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

### PREFERRED PHONE NUMBERS & BIRTH MONTH

Applicant's \_\_\_\_\_ Birth Month \_\_\_\_\_  
Spouse's \_\_\_\_\_ Birth Month \_\_\_\_\_

### EMAIL ADDRESS

Applicant \_\_\_\_\_  
Spouse \_\_\_\_\_

### OCCUPATION (if Retired, previous occupation)

Applicant \_\_\_\_\_  
Spouse \_\_\_\_\_

### NAMES & AGES OF DEPENDENT CHILDREN (UNDER 21) LIVING AT HOME

\_\_\_\_\_ Birth Month \_\_\_\_\_ Birth Month \_\_\_\_\_  
\_\_\_\_\_ Birth Month \_\_\_\_\_ Birth Month \_\_\_\_\_

### NAME'S TO APPEAR ON CLUB NAME BADGES (INCLUDING DEPENDENT CHILDREN)

Applicant \_\_\_\_\_  
Spouse \_\_\_\_\_

### CFYC SPECIFIC QUESTIONS

Please provide as much detail as possible. Attach additional pages if needed.

1. Why do you want to join The Cape Fear Yacht Club?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you feel you can contribute to the Cape Fear Yacht Club? (See volunteer opportunities below)

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3. What are your expectation of the club and what can the club do for you?

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**DESCRIBE YOUR INTERESTS**

1. What are your nautical interests/experience? (Please elaborate)

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2. What are your special interests and/or talents?

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**CURRENTLY OWNED BOATS**

Power/Sail	Make	LOA	Vessel Name and Marina
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_____	_____	_____	_____
_____	_____	_____	_____

**VOLUNTEER OPPORTUNITIES**

Our Club cost and expenses are kept low because everyone volunteers their time in some way. Below are some of the opportunities where your participatin will be welcomed. Experience is not necessary; training will be provided.

Please check one or more boxes where you would like to serve.

<b>Vice Commodore's Office</b>	<input type="checkbox"/>	Membership	<input type="checkbox"/>	House
	<input type="checkbox"/>	Communications/Publicity	<input type="checkbox"/>	Website
	<input type="checkbox"/>	Clubhouse/Private Event Mgmt	<input type="checkbox"/>	Bar Committee
<b>Rear Commodore's Office</b>	<input type="checkbox"/>	Treasury/Finance	<input type="checkbox"/>	Social/Fundraising
	<input type="checkbox"/>	Ship's Store (On-line)	<input type="checkbox"/>	Youth/Training
<b>Fleet Captain's Office</b>	<input type="checkbox"/>	Race Committee	<input type="checkbox"/>	Small Sail Asset Management
	<input type="checkbox"/>	Protest Committee	<input type="checkbox"/>	Power Boat Asset Management
	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Flotillas (July & December)
	<input type="checkbox"/>	Cruising	<input type="checkbox"/>	Kayaking/Canoe/SuP

**ALL MEMBERSHIPS APPLICATION-INITIATION FEE \$350 (to be included with application)**

**Annual Dues Classifications:**

Family - \$500

Single - \$300

Junior - \$250

Sponsor (print name) \_\_\_\_\_ Membership Number \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

The sponsor shall provide a brief recommendation of the applicant(s) and why they represent a valuable addition to the Cape Fear Yacht Club.

Sponsor Recommendation:

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**Fill out this application complete with signatures and mail it to Susan Forsyth, 309 W. Brown Street, Southport NC. 28461. Include a check for the initiation fee, which is \$350. An invoice for pro-rated dues will be sent out by the Treasurer. Dues will be billed each January.**

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 and that a credit card will be required for payment of dues and other membership expenses.

I have read and understand the rights, privileges and limitations as they apply to the Member Classification for which I am submitting this application. I understand that I am obligated to pay the full amount even if I terminate my membership.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**CFYC Board of Governors Approval**

Application approval date: \_\_\_\_\_

The above application was not approved for reason(s) stated:

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