

# 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 St. Southport NC. 28461

### NAME

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

### ADDRESS

### MAILING ADDRESS (IF DIFFERENT)

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

### PHONE NUMBERS

Applicant's Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Spouse's Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### EMAIL ADDRESS

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

### OCCUPATION

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

### DEPENDENT CHILDREN LIVING AT HOME (INCLUDED IN FAMILY MEMBERSHIP)

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

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

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

### SPECIAL INTEREST AND/OR TALENT

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

