

THE CAPE FEAR YACHT CLUB

P.O. Box 10180 Southport, NC 28461



MEMBERSHIP APPLICATION

(PLEASE PRINT OR TYPE ALL ENTRIES)

Contact: Deborah Alt 6165 Cottage Creek Rd. Southport NC. 28461

NAME

Applicant _____ Date _____
Spouse _____ Member # (CFYC USE) _____

ADDRESS

MAILING ADDRESS (IF DIFFERENT)

Street Address _____
City, State & Zip _____

PREFERRED PHONE NUMBERS

Applicant's _____
Spouse's _____

EMAIL ADDRESS

Applicant _____
Spouse _____

OCCUPATION (if Retired, previous occupation)

Applicant _____
Spouse _____

NAMES & AGES OF DEPENDENT CHILDREN LIVING AT HOME

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)

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

DESCRIBE YOUR INTERESTS

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

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

CURRENTLY OWNED BOATS

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

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.

Vice Commodore's Office	<input type="checkbox"/>	Membership	<input type="checkbox"/>	House
	<input type="checkbox"/>	Communications/Publicity	<input type="checkbox"/>	Website
Rear Commodore's Office	<input type="checkbox"/>	Treasury/Finance	<input type="checkbox"/>	Social
	<input type="checkbox"/>	Ship's Store (On-line)	<input type="checkbox"/>	Youth/Training
Fleet Captain's Office	<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		

ALL MEMBERSHIPS APPLICATION-INITIATION FEE \$250 (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:

Fill out this application complete with signatures and mail it to Deborah Alt 6165 Cottage Creek Rd. Southport NC. 28461. *Include a check for the initiation fee, which is \$250, and the Annual or Prorated Dues. 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:

