

# 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

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

### DESCRIBE YOUR PREVIOUS NAUTICAL EXPERIENCE

<input type="checkbox"/> Sail - Cruising	<input type="checkbox"/> Sail – One Design Racing
<input type="checkbox"/> Sail – Handicap Racing	<input type="checkbox"/> Power - Fishing
<input type="checkbox"/> Power - Cruising	<input type="checkbox"/> Charter
<input type="checkbox"/> Youth Training	<input type="checkbox"/> Club Officer
<input type="checkbox"/> Licensed Captain or Master	<input type="checkbox"/> Other:

### 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 participation 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
<b>Rear Commodore's Office</b>	<input type="checkbox"/>	Treasury/Finance	<input type="checkbox"/>	Social
	<input type="checkbox"/>	Ship's Store	<input type="checkbox"/>	Youth/Training
<b>Fleet Captain's Office</b>	<input type="checkbox"/>	Race	<input type="checkbox"/>	Small Sail Asset Management
	<input type="checkbox"/>	Protest	<input type="checkbox"/>	Power Boat Asset Management

### 25<sup>th</sup> ANNIVERSARY MEMBERSHIP APPLICATION-INITIATION FEE \$25

Annual Family Dues - \$500
  Annual Single Member Dues - \$300

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

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

1<sup>st</sup> Endorsement: \_\_\_\_\_ 2<sup>nd</sup> Endorsement \_\_\_\_\_

Fill out this application complete with signatures and mail it to Susan Forsyth 309 W. Brown St. Southport NC. 28461, Southport, NC 28461. Include a check for the initiation fee, which is \$25, and the Annual 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. 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 membership resignation must be submitted to the Membership Chairman in writing.

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