

NEW MEMBERSHIP APPLICATION 2023

I would like to apply for Full Membership in the Kingman Yacht Club (KYC).

APPLICANT'S NAME:					
OTHER HOUSEHOLD MEMBER	S (OVER THE AGE	OF 21) TO	SHARE IN THE PRIVILEGES OF KYC		
MEMBERSHIP:					
STREET ADDRESS:					
CITY/STATE/ZIP CODE:					
E-MAIL ADDRESS(S):					
BOAT NAME:		MFR:			
BOAT LENGTH: N	IOTOR OR SAIL:		YEAR BUILT:		
HAIL PORT:	DO YOU K	DO YOU KEEP YOUR BOAT AT KINGMAN?			
SPONSOR STATEMENT:	I,		, a Full Member in good standing of for acceptance as a new, Full		
			se him/her without reservation. I have had		
the following social and/or official	contacts with the appl	icant:			
		Sig	gned:		

(Sponsor Member)

Payment in full of all fees and dues is required with this application, and will be refunded in full if your application is denied.

FEE STRUCTURE: One-Time Initiation Fee: \$300 **Annual Membership Dues:** \$275 \$575

IF YOU ARE A LONG-TERM LESSEE OR SEASONAL SLIP OR MOORING RENTER AT KINGMAN YACHT CENTER, DEDUCT \$100 FROM YOUR ANNUAL MEMBERSHIP DUES.

Please complete and sign this application and return it with payment in full by credit card or check to Kingman Yacht Club. By mail to P.O. Box 408 Cataumet, MA 02534. By fax to (508) 563-6493.

If you would like to pay by credit card, please indicate:	☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX
Card #:	Expiration Date:
Name on Card:	Payment Amount: \$

To the Club Secretary,

By my signature below, I hereby apply for Full Membership privileges in the Kingman Yacht Club and acknowledge my refundable pre-payment of all fees and dues specified in this application. If admitted as a Full Member to the Kingman Yacht Club, I agree to abide by all Club rules and By-Laws.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Complete application received by Secretary.

(Date)

Applicant name circulated to all Members.

(Date)

_____ Two-week comment period ends.

(Date)

KYC Operations Board votes to	ACCEPT	DENY	admission.
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(Date)