

NEW MEMBERSHIP APPLICATION 2024

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

APPLICANT'S NAME:			
OTHER HOUSEHOLD ME	MBERS (OVER THE AGE OF	21) TO SHARE IN THE PRIVILEGES OF KYC	
MEMBERSHIP:			
STREET ADDRESS:			
CITY/STATE/ZIP CODE: _			
E-MAIL ADDRESS(S):			
		MFR:	
BOAT LENGTH:	MOTOR OR SAIL:	YEAR BUILT:	
HAIL PORT:	DO YOU KEEP YOUR BOAT AT KINGMAN?		
SPONSOR STATEME Kingman Yacht Club, hereb	NT: I,	, a Full Member in good standing of for acceptance as a new, Full d endorse him/her without reservation. I have had	
the following social and/or o	fficial contacts with the applican	t:	
		Signed:	

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:\$300Annual 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: \$
Billing ZIP Code:	CID #:

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