



Corinthian Yacht Club Membership Application

Thank you for applying for membership. Please fill out this application and return to the club. Upon approval of your membership application by the CYC Board, you will receive your new member packet in the mail. We look forward to welcoming you aboard!

Membership Type

Adult/Family (age 19-24) Adult/Family (age 24-29) Adult/Family (age 30-69) Adult/Family (age 70+)

Primary Account Holder

Prefix	First	Middle	Last	Suffix	Nickname	Birth Year
Email				Phone (Home)		
Address				Phone (Cell)		
City			State	Zip Code	Phone (Other, i.e. work)	
Company (optional)			Occupation (optional)			

Secondary Account Holder

Prefix	First	Middle	Last	Suffix	Nickname	Birth Year
Email				Phone (Home)		
Address				Phone (Cell)		
City			State	Zip Code	Phone (Other, i.e. work)	
Company (optional)			Occupation (optional)			

Children (through age 18)

First	Last	Nickname	Birth Year	Email (optional)
First	Last	Nickname	Birth Year	Email (optional)
First	Last	Nickname	Birth Year	Email (optional)
First	Last	Nickname	Birth Year	Email (optional)

Boats (currently owned in whole or through shared ownership; please do not list boats chartered/leased/that you crew on - in this field. Rather, list those boats in the sailing experience section)

Boat Name	Type	Sail Number
Boat Name	Type	Sail Number
Boat Name	Type	Sail Number

Sailing Experience and Goals

Interests Primary Account Holder _____

Volunteering

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Race/Protest Comm. | <input type="checkbox"/> Junior Sailing | <input type="checkbox"/> Bar/Food Service | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Whaler Driver | <input type="checkbox"/> Race/Cruise Events | <input type="checkbox"/> Communications | <input type="checkbox"/> Legal/Bus. Services |
| <input type="checkbox"/> Boat Maintenance | <input type="checkbox"/> Social/Education Events | <input type="checkbox"/> Promotion/Outreach | <input type="checkbox"/> Clubhouse Maint |

Participation

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Lake Keelboat Racing | <input type="checkbox"/> Sound Keelboat Racing | <input type="checkbox"/> Junior Sail Camp | <input type="checkbox"/> Family Open Sailing |
| <input type="checkbox"/> Lake Dinghy Racing | <input type="checkbox"/> Sound Dinghy Racing | <input type="checkbox"/> Junior Sail Team | <input type="checkbox"/> Cruising Events |
| <input type="checkbox"/> Lake Social | <input type="checkbox"/> Sound Social | <input type="checkbox"/> Junior Sea Scouts | <input type="checkbox"/> Educational Events |

Interests Secondary Account Holder _____

Volunteering

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Race/Protest Comm. | <input type="checkbox"/> Junior Sailing | <input type="checkbox"/> Bar/Food Service | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Whaler Driver | <input type="checkbox"/> Race/Cruise Events | <input type="checkbox"/> Communications | <input type="checkbox"/> Legal/Bus. Services |
| <input type="checkbox"/> Boat Maintenance | <input type="checkbox"/> Social/Education Events | <input type="checkbox"/> Promotion/Outreach | <input type="checkbox"/> Clubhouse Maint |

Participation

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Lake Keelboat Racing | <input type="checkbox"/> Sound Keelboat Racing | <input type="checkbox"/> Junior Sail Camp | <input type="checkbox"/> Family Open Sailing |
| <input type="checkbox"/> Lake Dinghy Racing | <input type="checkbox"/> Sound Dinghy Racing | <input type="checkbox"/> Junior Sail Team | <input type="checkbox"/> Cruising Events |
| <input type="checkbox"/> Lake Social | <input type="checkbox"/> Sound Social | <input type="checkbox"/> Junior Sea Scouts | <input type="checkbox"/> Educational Events |

Sponsors (identify your two sponsors from two adult memberships)

Sponsor Name	Sponsor Name
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Other Comments (Optional)

I/we hereby apply to join the membership of Corinthian Yacht Club of Seattle and pledge to support the purpose and observe the bylaws and rules of the Club.

Name (Print) _____

Signature _____

Date _____



Member Account Payment

Authorization

The Corinthian Yacht Club of Seattle supports automatic payments for member dues. Please complete this form to either set up your automatic payments or indicate that you will pay by check.

Member Name _____

I hereby authorize Corinthian Yacht Club of Seattle (the "Club") to charge my credit card identified below to settle any outstanding balance I may have with the Club for dues and other charges I make on my member account. This authorization supersedes any prior payment authorization and continues until I provide a new authorization or cancel this authorization by notifying the club by mail or email. I understand that then-current dues will be charged to my account monthly and that my dues may change from time to time according to my membership classification and actions governed by the by-laws of the Club. The term of this authorization is limited to the term of my membership, notwithstanding outstanding balances.

Member Signature _____ Date _____

⌘ (card information will be discarded by the office after initial use) ⌘

BILLING CYCLE (CHECK ONE) MONTHLY _____ or YEARLY _____

PAYMENT METHOD (CHECK ONE) CHECK _____ or CREDIT CARD _____

Make checks payable to Corinthian Yacht Club of Seattle and send to 7755 Seaview Ave NW, Seattle, WA 98117.

CREDIT CARD (you may also call the office with this information – 206-789-1919)

Name on Card _____

Card Number _____

Exp date (MM/YYYY) _____ Security Code _____ (3 or 4-digit code on back of card)

Billing Address (if different than mailing address) _____
address

_____ city state zip