

Tuscarora Yacht Club

P. O. Box 826
Wilson, NY 14172-0826

Website: "TYCWilson.com"

Club Telephone: 716-751-9975

APPLICATION for MEMBERSHIP

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MEMBERSHIP CLASS DESIRED _____ FULL _____ SOCIAL** (Check One) **no seniority accrued for a dock;

APPLICANT INFORMATION

(Please Print or Type)

Applicant's Name _____

Applicant's Date of Birth ____/____/____

Marital Status _____

Spouse _____

Children's Name(s) _____

Date of Birth ____/____/____

____/____/____

____/____/____

____/____/____

Home Address _____

Apt. No. _____

City _____

State/Province _____

Zip/Postal Code _____

Home Phone _____

Business Phone _____

Cellular Phone _____

E-Mail _____

Applicant's Occupation _____

Employer _____

City _____

State/Province _____

Zip/Postal Code _____

IN CASE of EMERGENCY NOTIF

Name _____

Home Phone _____

Cellular Phone _____

City _____

State/Province _____

Zip/Postal Code _____

BOAT OWNER

_____yes

Dock at TYC: _____yes

Store at TYC: _____yes

_____no

_____no

_____no

Registration/Documentation # _____ State/Province _____

Year Expires _____

Manufacturer _____

Year _____

Power _____

Length _____

Color _____

Cradle Storage _____

Sail _____

Draft _____

Fixed Keel _____

Trailer Storage _____

Displacement _____

Beam _____

Centerboard _____

Other Storage _____

BOAT NAME _____

Name of Insurance Company _____

Policy # _____

NOTE: Insurance must be in-force, at all times, to dock/store boat at TYC premises;

Has the United States Coast Guard Auxiliary/similar organization inspected the craft ?

_____yes

_____no

If "yes" which organization ? _____

Date of Inspection ____/____/____

BOAT CO-OWNER

Name _____

Phone _____

Address _____

Apt. No. _____

City _____

State/Province _____

Zip/Postal Code _____

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APPLICANT QUESTIONS

Have you ever applied to or been a member of the Tuscarora Yacht Club ?

_____ Yes
_____ No

If "Yes", please explain

Which boating or related organizations (including yacht clubs) are you currently or have been a member ?

Organization

Highest Position Held

If your membership is approved, will you accept a responsibility within the club ? (e.g. Officer, Committee, etc.)

_____ Yes
_____ No

If "No", please explain

Do you use your craft for hire/charter/business at any time ?

_____ Yes
_____ No

If "Yes", please explain

What has been your boating experience ?

What are your reasons for interest in, and membership in the Tuscarora Yacht Club ?

CERTIFICATION(S)

APPLICANT

I certify that entries made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

I certify that I know that any misrepresentation or false statements made by me herein, may cause the rejection of my application for membership to the Tuscarora Yacht Club, Inc. I further understand and agree to pay fees for initiation & membership within (30) days, upon Notification of Acceptance.

If accepted, I agree to abide by all By-Laws and Policies of the Tuscarora Yacht Club, or will forfeit my membership upon request.

Applicant's Signature

Date

____/____/____

SPONSOR(S)

As a Member of the Tuscarora Yacht Club, in good standing, I have known the above applicant and can attest to his/her moral and financial character as that worthy of membership in the Tuscarora Yacht Club, including his/her interest in Yachting compatible with the Club's purpose.

Further, I will be willing to attend a personal interview with the applicant and TYC's Board of Directors at a date which is convenient to all parties. As a sponsor of the above applicant, I agree to introduce him/her to as many of the Board and members as possible, and accompany him/her to at least one social function during the first year.

Sponsor #1

Name

Signature

Date

____/____/____

Sponsor #2

Name

Signature

Date

____/____/____

BOARD of DIRECTORS' RECEIPT OF COMPLETED APPLICATION

Received By

Date

____/____/____

Board Member Signature

Tuscarora Yacht Club

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OFFICIAL TYC USE

APPLICANT INTERVIEW

DATE ____/____/____

At the time of the Applicant Interview, the applicant acknowledges the following matters have been explained by the Board of Directors and/or the Membership Committee, comprise many of the qualities of a TYC "Member in Good Standing", and as such, are agreed to by the undersigned:

_____ All Costs associated with TYC Membership;

_____ Member Responsibilities Pg. #33/34 of "Rules & Policies", including "Business Use of the Vessel on TYC premises" (not allowed);

_____ Gate Card Required; _____ yes Gas Card Required; _____ yes
_____ no _____ no

_____ Minimum Requirements of (10) hours work-contribution per year;

_____ Boat purchases: inform & consult with, the Fleet Captain prior to Dock Assignment requests;

_____ Storage Cradles: to be (preferably) of steel construction, or of adequate design/functionality; consult with TYC fleet captain;

_____ Trailers, other than dinghy dry-sailing, must not be stored on Club property in the boating season
unless approved by the Board of Directors and fee assessed;

_____ Slip Assignment rights, i.e. New Member Status & TYC's Seniority Policy;

_____ (1) vehicle per member/family on island;

_____ Gin Pole use/training & Mast-Removal-for-storage practice;

_____ Spray Painting on TYC property (not allowed);

_____ Child Safety, i.e. "recommended" life jacket usage, bicycle helmet use, general behavior;

_____ A "Member in Good Standing", agrees to pay all Annual Dues, Assessments, and Fees for Services, within (30) days of Invoice.

_____ What to Do and Who to See; and All TYC Policies as described in the "TYC Membership Roster" book;

Applicant Signature _____ Date ____/____/____

INTERVIEW ATTENDEES

Sponsor #1

Sponsor #2

APPLICATION FINALIZED

_____ APPROVED _____ Date ____/____/____

_____ DIS-APPROVED _____ Commodore's Signature

Reason for Dis-Approval : _____

APPLICANT FOLLOW-UP & TIMETABLE

(Rear Commodore/Secretary Responsibility)

TEN (10) DAY POSTING COMPLETE ____/____/____ INITIATION/MEMBERSHIP DUES RECEIVED ____/____/____

LETTER OF APPROVAL SENT ____/____/____ EFFECTIVE SENIORITY DATE ____/____/____

BOARD of DIRECTORS' FOLLOW-UP ____/____/____ SPONSOR/MENTOR FOLLOW-UP ____/____/____