



MEMBERSHIP APPLICATION

Charleston Yacht Club Charleston SC
27 Lockwood Drive 29401 PO Box 20474 29413
office@charlestonyachtclub.com www.charlestonyachtclub.com
Office: 843 722 4968

PLEASE PRINT NEATLY:

Member Name: _____ Spouse Name: _____
 Address: _____ Spouse Address [if different]: _____

 Email Address: _____ Spouse Email: _____
 Home/Cell #: _____ Spouse Home/Cell#: _____
 Date of Birth: _____ Spouse Date of Birth: _____
 Occupation: _____ Spouse Occupation: _____
 Employer: _____ Spouse Employer: _____
 Marital Status: () Single () Married
 Children: (Name/Age) _____
 Business & Social Organizations: _____

Boat: () Motor () Sail Length _____ Name _____
 () Motor () Sail Length _____ Name _____

Main Interest: () Cruising () Fishing () Sailing () Social
 I will assist with: () Cruises () Entertainment () Fishing Tournament () Regattas
 () Yards/Docks () Food/Beverage () Family/Youth Events () House Committee

Member of the ChYC in the past? () No () Yes If YES, date of membership _____
 Reason for leaving: _____

Member of other yacht clubs? () No () Yes
 Name and location of club: _____
 If no longer a member, reason for leaving: _____

STATEMENT OF APPLICANT

(Your reasons for wanting to join the Charleston Yacht Club)

By submission of this application and upon acceptance by the Executive Committee, I agree to abide by the Rules and Bylaws of the Charleston Yacht Club and understand that the parking permit is restricted to activities associated with the Charleston Yacht Club. I also affirm that I have never been convicted of a felony or any crime.

Signature of Applicant: _____ Date: _____

*** STATEMENT OF SPONSOR * Required**
(Why applicant would make a good member)

Print Name

Signature

Contact #

Sponsor: _____

Endorser: _____

SPONSOR AND/OR ENDORSER MUST BE PREPARED TO APPEAR BEFORE THE MEMBERSHIP COMMITTEE ON BEHALF OF THE APPLICANT, IF REQUESTED.

CHECK
BELOW

Membership Options <i>Select Applicable Membership</i>	Initiation Fee <i>Due with completed application</i>	Dues <i>Paid Annually or Quarterly</i>	Minimum's <i>Can be used for events, merchandise or at lounge</i>
<input type="checkbox"/> REGULAR MEMBER <i>[within 50 miles of ChYC]</i>	\$1500	\$1100	Food & Beverage Minimum \$30 per month to be billed semi-annually @\$180.
<input type="checkbox"/> REGULAR FAMILY <i>[within 50 miles of ChYC]</i>	\$1500	\$1320 Both spouses are Members 1 Parking Card, 1 Tab, 1 Vote	Food & Beverage Minimum \$30 per month to be billed semi-annually @\$180
<input type="checkbox"/> ASSOCIATE <i>[more than 50 miles from ChYC]</i>	\$750	\$550	Food & Beverage Minimum \$15 per month to be billed semi-annually @ \$90
<input type="checkbox"/> ASSOCIATE FAMILY <i>[more than 50 miles from ChYC]</i>	\$750	\$660 Both Spouses are Members 1 Parking Card, 1 Tab	Food & Beverage Minimum \$15 per month to be billed semi-annually @ \$90
<input type="checkbox"/> YOUNG ADULT <i>[21 - 30 years of age]</i>	\$750	\$550	Food & Beverage Minimum \$15 per month to be billed semi-annually @\$90
<input type="checkbox"/> YOUNG ADULT FAMILY <i>[21 - 30 years of age]</i>	\$750	\$660 Both Spouses are Members 1 Parking Card, 1 Tab	Food & Beverage Minimum \$15 per month to be billed semi-annually @\$90

Please check here if you are a City Marina Slip Holder and save \$200 off Regular or \$100 off Associate/Young Adult Dues
* No Parking Card Provided by ChYC *

Member Type: _____

Amount Due: _____

Paid by Check/Visa/MasterCard/Discover/American Express #: _____

Expiration: _____ / _____

*** INCOMPLETE APPLICATIONS WILL BE RETURNED ***

FOR COMMITTEE USE ONLY

Initiation Fee Payment Attached: \$ _____ () Check () Visa () MC () Other

Date Application Received: _____ By: _____

Membership Committee Approved By: _____

Executive Board Approved: _____

1st Reading _____

2nd Reading _____

Letter Sent/Delivered _____ Membership Card # _____