



## WINDSOR YACHT CLUB

9000 Riverside Drive East  
Windsor, Ontario N8S 1H1  
Ph: 519-945-1863 Fax: 519-945-1221  
[www.windsoryachtclub.com](http://www.windsoryachtclub.com)

## MEMBERSHIP APPLICATION

### CATEGORY OF MEMBERSHIP

- Active Member (36 years of age and over)  65 years of age and over
- Intermediate Member (19-35 years of age)
- Junior Member (19 years of age and are children/grandchildren of a sponsoring member)
- Out of Town Social Member (resides outside a 75 kilometer radius of the Club or outside Canada)
- Reinstatement

### CANDIDATE INFORMATION (To be published in the annual roster)

**Title:**  Mr  Mrs  Ms  Miss  Dr

Given name: \_\_\_\_\_

Surname: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Res.Fax: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Please check if you would like to publish birthday in monthly log  
MM DD YYYY

## CANDIDATE OCCUPATION

Please check to publish business and phone number in annual roster

Nature of business or profession: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How long have you been associated with present employer/business/profession: \_\_\_\_\_

Previous employment (if less than 5 years) \_\_\_\_\_

### BILLING ADDRESS (if applicable)

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov./State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### VACATION HOME (if applicable)

Number of months reside per year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov./State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## ADDITIONAL INFORMATION

**Do you own a boat?**  yes  no

If yes, do you plan to apply for a boat well at WYC?  yes  no

Boat name: \_\_\_\_\_  Please check to publish boat name in annual roster

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Depth: \_\_\_\_\_

Power  Sail

**FAMILY**

Marital Status:  Single  Married  Common-Law  Widow  Divorced

Title:  Mr  Mrs  Ms  Miss  Dr

Spouse's given name: \_\_\_\_\_

Spouse's surname: \_\_\_\_\_

Spouse's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Please check to publish birthday in monthly log  
MM DD YYYY

Anniversary date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Please check to publish anniversary in monthly log  
MM DD YYYY

Spouse's occupation: \_\_\_\_\_

Name(s) and date of birth of child/children

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
MM DD YYYY

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
MM DD YYYY

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
MM DD YYYY

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
MM DD YYYY

**AFFILIATIONS**

Name(s) of clubs, societies and organizations in which you hold membership

**PAYMENT OF MEMBERSHIP ACCOUNT AND CREDIT INFORMATION**

Payment of account is due upon receipt of the monthly statement. Applicant agrees to pay the account when due. If account becomes delinquent, membership privileges will be suspended. A valid credit card number shall be submitted with this application. If the account remains unpaid for 45 days from the due date, the club may elect to use this credit card to satisfy any outstanding balances. Applicant agrees to notify the club of any changes to their credit card number.

Visa or MasterCard number: \_\_\_\_\_ V-Code: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NAME OF FINANCIAL INSTITUTION(S)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Prov/State: \_\_\_\_\_ Postal/Zip \_\_\_\_\_

Prov/State: \_\_\_\_\_ Postal/Zip \_\_\_\_\_

## MEMBERSHIP ENDORSEMENT

A sponsor whose account is in good standing must endorse the application

Sponsor: \_\_\_\_\_ Account number: \_\_\_\_\_

The undersigned Commodore and Board Director must certify that they have been introduced to the applicant

Name: \_\_\_\_\_ Account number: \_\_\_\_\_

## DECLARATION

In submitting this application for membership, I certify that the above information is correct and I authorize the Windsor Yacht Club to make inquiries regarding my general background, character and credit standing. I have reviewed the enclosed information regarding the classification of membership I am applying for and agree to pay promptly all dues, fees, assessments and interest charges on my account. I agree not to demand disclosure of any information gathered by the Windsor Yacht Club in its evaluation of me and release from any claims all people furnishing information about me.

I understand my application will be reviewed by the Membership Director, posted in the Club House for no less than (30) thirty days and must be approved by the Board of Directors. If I am accepted for membership at the Windsor Yacht Club, myself and the members of my family will conform with the By-Laws and Club House Rules and comply with established policies and procedures currently in effect.

Signature: \_\_\_\_\_ Witnessed: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Proposed membership number: \_\_\_\_\_

Classification: \_\_\_\_\_

Initiation fee paid: \_\_\_\_\_  Waived

Date application received: \_\_\_\_\_

Date application approved: \_\_\_\_\_