

Charlesgate Yacht Club, Inc. Individual Membership Application

Incomplete Applications Will Be Returned Unprocessed

Non-refundable Application Fee of \$100.00 must be attached

GENERAL INFORMATION:

I/We the undersigned, hereby make application for the following type of membership(s) in the Charlesgate Yacht Club, Inc. (hereafter referred to as the Club):

- Boating Member
- Spouse of Boating Member
- Non-Boating Member
- Spouse of Non-Boating Member

If this application is accepted, I/we understand that I/we will serve a probationary period of not less than one year and not more than three years. At the end of the one year probationary period, the Executive Board may

- Vote to deny my/our membership for reasons of violating the Club's By-Laws and rules, lack of cooperation, lack of participation in Club functions or Club meetings, or improper conduct.
- Vote to continue my/our probationary period for up to two more years.
- Vote to grant me/us full membership in the Club.

If the Executive Board has not voted to grant me/us full membership in the Club by the conclusion of the maximum three year probationary period, my/our membership in the Club will be automatically terminated.

If applying as a Spouse, I understand that the Executive Board will accept or reject my/our application together with my spouse's Boating Member or Non-Boating Member application.

This Association considers a Spouse an individual legally joined in marriage to the primary applicant in accordance with current Massachusetts law.

For each year I/we serve on probation, I/we understand that I/we are expected to

- Attend at least four (4) Body Meetings Applicant's Initial _____
- Participate in at least two (2) scheduled Club functions Applicant's Initial _____
- Participate in at least two (2) work parties (Boating Member Only) Applicant's Initial _____
- Assist the Entertainment Chair with at least two (2) Club function Applicant's Initial _____

If you have extenuating circumstances and are unable to fulfill any of the obligations above, feel free to use the space below if you would like to share your circumstance with the Executive Board

PERSONAL INFORMATION:

Name	_____	Occupation	_____
Home Address	_____	Business Address	_____
City, State & ZIP	_____	City, State & ZIP	_____
Home phone number	_____	Cell phone number	_____
Date of Birth	_____	E-mail address	_____
Spouse's Name	_____		
Child's Name	_____	Date of Birth	_____
Child's Name	_____	Date of Birth	_____

BOATING INFORMATION:

Have you ever been or are you currently a member of another yacht club? Yes No

Club Name	_____	Phone Number	_____
Street Address	_____	Contact Person	_____
City, State & ZIP	_____		

My permission is granted to contact the club and contact person identified above. Yes No

Applicant's initials _____

Do you currently own a boat? Yes Please attach current photograph of boat to application.

No No, please proceed to next section.

Make	_____	Model & Year	_____
Length	_____	Beam	_____
Boat Name	_____	Year's Owned	_____
Registration Number	_____	Expiration Date	_____
Documentation Number	_____	Expiration Date	_____
Insured Company	_____	Policy Expiration Date	_____

Summer storage location of boat:

Winter storage location of boat:

Club / Marina Name	_____	Club / Marina Name	_____
Street Address	_____	Street Address	_____
City, State & ZIP	_____	City, State & ZIP	_____

Previous summer storage location of boat:

Previous winter storage location of boat:

Club / Marina Name	_____	Club / Marina Name	_____
Street Address	_____	Street Address	_____
City, State & ZIP	_____	City, State & ZIP	_____

My permission is granted to contact the club/marina and contact person identified above. Yes No

Applicant's initials _____

SPONSORS:

Sponsors must be Members in good standing of the Charlesgate Yacht Club and must appear before the Membership Committee with the Applicant during the interview process. By their signature below, the Sponsors state that the Applicant is personally known to them

SPONSOR #1:

I, _____ nominate the Applicant for membership in the Charlesgate Yacht Club. I have personally known the Applicant for _____ years. I believe this Applicant would be a desirable member and would contribute to the Club for the following reasons:

Signature of Sponsor #1: _____ Date: _____

SPONSOR #2:

I, _____ nominate the Applicant for membership in the Charlesgate Yacht Club. I have personally known the Applicant for _____ years. I believe this Applicant would be a desirable member and would contribute to the Club for the following reasons:

Signature of Sponsor #2: _____ Date: _____

REFERENCES

Reference #1

Name _____ Relationship to Applicant _____
Street Address _____ City, State & ZIP _____
Phone Number _____

Reference #2

Name _____ Relationship to Applicant _____
Street Address _____ City, State & ZIP _____
Phone Number _____

Reference #3

Name _____ Relationship to Applicant _____
Street Address _____ City, State & ZIP _____
Phone Number _____

My permission is granted to contact the references identified above. Yes No

Applicant's initials _____

APPLICANT'S STATEMENT

STATEMENT OF APPLICANT: (Applicant's reasons for wanting to join the Charlesgate Yacht Club)

Have you ever been convicted of a felony or been required to register as a sex offender? Yes ___ No ___
If Yes, please specify the date and circumstances of any conviction.

Are you a citizen of the United States? Yes ___ No ___

If No, please state your residency status. _____

APPLICANT'S SIGNATURE

By submitting this application for membership, I/we are requesting to be considered for membership in the Charlesgate Yacht Club, Inc and acknowledge that, if accepted I/we:

- will support the Club in its endeavors and agree to abide by the Club's By-Laws, Marina Rules and Winter Group Rules as approved by the membership.
- will send a written request through the Club's Secretary petitioning for permission to bring my/our boat into the Club. I/we will not bring a boat into the Club until my/our request has been approved by the Fleet Captain.
- will provide to the Club's Secretary with proof of ownership by submitting a copy of the boat's registration or documentation. I/we will also provide proof of insurance (minimum \$300,000 liability insurance) for my/our boat before bringing it into the Club.
- authorize any member of the Club's Executive Board to move my/our boat while at the Club if it is deemed necessary.
- hereby release the Charlesgate Yacht Club, Inc, its Officers and Committee Chairs from any and all losses, liabilities and damages that might be suffered by me, my family, my guests and/or my boat.

I/We confirm that the information given above is correct and complete to the best of my knowledge, and that I/we have not knowingly omitted or misrepresented any information that might in any way influence the Club's decision upon my application for membership. If accepted I/we agree to accept, support and be bound by the rules and customs of the Club and consent to the holding of the personal data contained in this application by the Club.

I/We understand that the Club assigns boat slips based upon its member's Boating Seniority Date. A member's Boating Seniority Date is the date the applicant or member is accepted as a Boating Member by the Club's Executive Board. Members who do not have a Boating Seniority Date will not be considered when slip assignments are made.

The Charlesgate Yacht Club is a private club. Acceptance of your application for membership is at the sole discretion of the Club's Executive Board. The Club's Executive Board has no obligation to justify or to explain any failure of the Club to accept an applicant for membership. The Charlesgate Yacht Club does not discriminate against any applicant due to race, sex, religion, ethnic background or handicap.

I/We hereby respectfully apply for membership in the Charlesgate Yacht Club and enclose the appropriate application fee.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Charlesgate Yacht Club Inc.

20 Cambridge Parkway, Cambridge, Mass. 02142

Club Phone (617) 354-8215



Spouse, Son or Daughter of Member

Non-Boating Membership Application

Name -----

Street Address -----

City/ State/Zip -----

Home Phone -----

Cell Phone -----

D.O.B. -----

Please initiate my Membership as a (Probationary)* Non-Boating Member.

***Membership Status will be the same as the primary member**

X-----**Date of Request**-----

Member

X-----**E-Board Date**-----

Approved By Membership Chair

X-----**Date**-----

Approved By CYC Secretary