



APPLICATION FOR MEMBERSHIP

I (We) hereby submit my (our) application for a Resident/Non-Resident/Associate (circle one) Membership in Jackson Yacht Club, to be held Individually/Jointly (circle one), and in support thereof submit the following information and certify that it is true and accurate.

(PLEASE CIRCLE OPTIONS ABOVE)

	APPLICANT	SPOUSE
Full Name		
SSN		
Home Address		
Mailing Address (If different)		
Home Phone		
Home Fax		
Cell Phone		
Email Address		
Where Employed		
Work Phone		
Work Fax		
Work Email Address		
Date of Birth	/ /	/ /

CHILDREN UNDER 25 WHO HAVE NEVER BEEN MARRIED:

NAME	AGE	DATE OF BIRTH	SCHOOL ATTENDING
		/ /	
		/ /	
		/ /	
		/ /	

Other Club Affiliations: _____

Are you a former member of the Jackson Yacht Club, (YES) _____ (NO) _____

If yes, from when to when: _____

Other Information applicant(s) deem pertinent: _____

Check the JYC Activities that are of interest to you:

- | | |
|--|--|
| <input type="checkbox"/> Dining Specials | <input type="checkbox"/> Friday Night Dining |
| <input type="checkbox"/> Club Parties | <input type="checkbox"/> Decorating for Events |
| <input type="checkbox"/> Entertaining | <input type="checkbox"/> Ladies Fleet Meetings |
| <input type="checkbox"/> Social Committee | <input type="checkbox"/> House & Grounds Committee |
| <input type="checkbox"/> Harbor Committee | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Learning to Sail | <input type="checkbox"/> Sailboat Cruising |
| <input type="checkbox"/> Wednesday evening Fun Races | <input type="checkbox"/> Other Sailboat Racing |
| <input type="checkbox"/> Sunday Racing | <input type="checkbox"/> Race Committee |
| <input type="checkbox"/> Power Boats | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Youth Swim Team | <input type="checkbox"/> Youth Sailing |
| <input type="checkbox"/> Youth Parties | <input type="checkbox"/> Kayaking |

As a way of introducing new members to the Jackson Yacht Club Family, does the JYC have your permission to post your photograph (of your choosing) in our member directory, available to members only, and in periodic membership newsletters?

_____yes _____no

Personal References (2): (Different from Sponsor & Recommending Members Listed on Pg 3)

(1) Name: _____ Phone: _____

Address: _____

Relationship: _____ How long known? _____

(2) Name: _____ Phone: _____

Address: _____

Relationship: _____ How long known? _____

(a) I (We) grant the Club the authority to obtain a credit report and understand that the Club reserves the right to reject any application for membership for any reason, and/or to discontinue accepting new members, and I (we) release its Officers and Board of Governors from any liability from this application being rejected, or, if accepted, from any liability from the use of the club and/or its facilities, and agree to indemnify it and them from any such claims.

(b) I (We) have read, understand, and agree to the attached "Information Concerning Membership in Jackson Yacht Club".

(c) I (We) are submitting herewith a check for \$ _____ for the joining fee and first month's dues for the category of Membership for which we are applying. We understand that immediately upon approval of our application that this check will be deposited, and that thereafter no part thereof will be refunded to us.

(d) I (We) understand that as Members of the Club we and our family are subject to the By-Laws and all Rules and Regulations of the Club as they now exist or as they may be properly amended or promulgated in the future.

(e) I (We) agree to pay all dues applicable to our Category of membership as they now exist, or to which they may be changed from time to time by the Board of Governors as well as all charges incurred by us at the Club during our membership within the time and manner required by the Club.

_____ **Date:** _____

Applicant's Signature

Spouse's Signature (Required for Joint Membership)

RECOMMENDATIONS

The undersigned voting members of Jackson Yacht Club recommend The Applicant(s) for membership in the Club.

SPONSOR:

Name: _____ Member # _____

Signature: _____

Two Member References (in addition to Sponsor):

(1) Name: _____ Member # _____

Signature: _____

(2) Name: _____ Member # _____

Signature: _____

INFORMATION CONCERNING MEMBERSHIP IN JACKSON YACHT CLUB

(1) Joint Memberships may be held jointly only by husband and wife. If so held, upon the death of one either of them, under JYC Bylaws, the membership automatically continues in the name of the survivor.

(2) Applications for Members shall be for one of the following Categories, accompanied by a check in the amount shown in the following table:

CATEGORY	JOINING FEE **See chart below	MONTHLY DUES	VOTES	TOTAL CHECK	LIMITATIONS
Resident	\$1,500	\$250	Yes	\$1,750	None
Non Resident	\$1,500	\$200	No	\$1,700	Residence must be beyond a 50 mile radius from the Club
Associate	\$ 750	\$125	No	\$875	Age limit: 18-35. Automatically terminates at end of month in which the Member (or in the case of a joint Associate membership, the eldest of them) turns 36. When converted to Resident Membership, credit will be given on the Resident joining fee at the time for the Associate joining fee previously paid.

****Joining fees at incremental levels of membership numbers:**

(3) Under the Bylaws the use of the Club and its facilities is limited to the members, their spouse, their accompanied guests, and their children 25 years of age and younger who have never been married.