

Tuscarora Yacht Club

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

Website: TYCWilson.com Club Telephone: 716-751-9975 Membership E-mail Address: Secretary@TYCWilson.com Membership Committee: 716-432-9064

APPLICATION FOR MEMBERSHIP

MEMBERSHIP CLASS	DESIRED:	FULL:	SOCIAL*:	*No seniority accrued for a dock No reciprocal privileges	
APPLICANT INFORMA	TION:				
Applicant's Name					
Spouse/Partner			Children's Name(s)		
Home Address:		Apt:			
City:	State	Province	Zip/Postal Code	2	
Home Phone:	Busir	ness:	Mobile:		
E-mail					
Applicant's Occupation			Employer		
City	State/Province		Zip/Postal Code	2	
Boat Owner: Yes No	_				
Boat Co-Owner: Name			Phone:		
Address:			Apt	_	
City:	State	Province	Zip/Postal Code	2	
EMERGENCY CONTAC	T INFORMAT	ION:			
Name		Address		Apt	
City	_ State/Province	e	Zip/Postal Code		
Home Phone:	Buciness:		Mobile:		

BOAT INFORMATION:				
Request a Slip: Yes No Store at T	YC: Yes No _			
Boat Name:				
Boat Registration / Documentation #:	State / Pr	ovince:	Year Expires:	
Manufacturer:	Year:	Color:	Power / Sail	
Length: Beam: Draft:	Fixed Keel: _	Center	·board:	
Request Gas Pump Key: Yes No				
INSURANCE INFORMATION:				
Name of Insurance Company:		Po	olicy#	
(Insurance must be in-forced at all times to o	lock / store boat at	TYC)		
APPLICANT QUESTIONS:				
Have you ever previously applied to or been a 1	nember of the Tusc	arora Yacht Clu	ub? Yes NO	
Have you ever previously belonged to a boating	g or Yacht club?			
Do you use your craft for hire/charter/business	at any time? Yes	No	_	
If "Yes" please explain:				
W/L (1				
What has been your boating experience?				
Why are you interested in becoming a month or				
Why are you interested in becoming a member	of Tuscarora Tacin	Club?		
How did you hear about Tuscarora Yacht Club)			
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<u>CERTIFICATIONS:</u>				
APPLICANT I certify that entries made by me are true, comp	lete, and correct to	the best of my k	knowledge and belief, and are made in good faitl	
I certify that I know that any misrepresentation for membership to the Tuscarora Yacht Club.	or false statements	made by me he	rein may cause the rejection of my application	
I agree to pay fees for initiation and member	ship within 30 day	s of Board not	ification of approval.	
			Club or will forfeit my membership upon request	
Applicant's Signature:			Date:/	
RECEIPT OF COMPLETED APPLICATION	V:			
Received by:	_	Date:	// Time:	
(TYC Representative)			:	
Date posted: /				