

Tuscarora Yacht Club

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

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

APPLICATION FOR MEMBERSHIP

MEMBERSHIP CLASS	<i>DESIRED:</i> 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:			
City:	State/Province	Zip/Postal Cod	le
Home Phone:	Business:	Mobile:	
E-mail			
Applicant's Occupation		Employer	
City	State/Province	Zip/Postal Cod	le
Boat Owner: Yes No	_		
Boat Co-Owner: Name		Phone:	
Address:		Apt	
City:	State/Province	Zip/Postal Cod	le
EMERGENCY CONTAC	TINFORMATION:		
Name	Address	S	Apt
City	State/Province	Zip/Postal Code	
Home Phone:	Business:	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: /			