

CYC Membership Application



I, _____ hereby apply for 2020 _____ membership in the Cobourg Yacht Club. If my application is accepted, I agree to abide by the Charter, the By-laws, and the Rules and Regulations passed by said Club at any time that I am a member thereof, pay all Fees and Assessments set by the Club, and pay any charges incurred by myself and/or my family.

Name of Spouse/Companion (if applicable): _____

Mailing address: _____

City _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

E-mail address(s): _____

Boat name (if applicable): _____ Make: _____

Have you been a member of the CYC before? yes no Another Yacht Club? yes no

*** Must select one:** I do do not agree to receive email notifications from the Cobourg Yacht Club. I understand that my email address will not be provided to any party outside of the CYC.

Payment (please check one) Visa MasterCard Amex Cheque

Card # _____ Expiry Date: _____ CVV Code: _____

Signature of Applicant (parent / guardian)

Date

2020 Membership Fee Structure		Total Fee
Senior (aged 36 and older)	\$ 495.58 + HST \$ 64.42	\$560.00
Associate (Social)	\$ 212.39 + HST \$ 27.61	\$240.00
Junior (under age of 18)	\$ 50.00 + HST \$ 6.50	\$56.50
Intermediate (age 18-35 incl.)	\$ 287.61 + HST \$ 37.39	\$325.00
Small Non-Powered Craft	\$ 221.24 + HST \$28.76	\$250.00

Internal use only

Sponsorship: We, the undersigned members of the Cobourg Yacht Club Executive, recommend this applicant for admission to membership.

Proposed by: _____ Signature _____
(Please print) Signature

Seconded by: _____ Signature _____
(Please print) Signature

Mail completed application and payment to:

CYC Secretary, c/o Cobourg Yacht Club
 P.O. Box 561, Cobourg, ON K9A 4L3



For the 2020 season, the Cobourg Yacht Club Executive has decided to waive initiation fees for new members. In light of this, we ask that each membership (whether individual or family) volunteer work hours during the calendar year on any of the activities undertaken by the committees listed below. By sharing in the responsibilities inherent in operating a “self-help” club, new members will quickly become familiar with both our Club and the membership and have fun!

IMPORTANT—Please show your interest by filling out the following questionnaire.

Which activities would you prefer? Please mark your favourite ones.

Committees: no experience necessary			
Administration, Newsletter, or Website	<input type="checkbox"/>	Keelboat Racing	<input type="checkbox"/>
Centreboard Compound Maintenance	<input type="checkbox"/>	Keelboat Sailing School	<input type="checkbox"/>
Centreboard Racing	<input type="checkbox"/>	Kitchen and Bar Operations	<input type="checkbox"/>
Cruising	<input type="checkbox"/>	Membership Services	<input type="checkbox"/>
Finance	<input type="checkbox"/>	Phone	<input type="checkbox"/>
House and Grounds	<input type="checkbox"/>	Powerboat	<input type="checkbox"/>
Junior Sailing School	<input type="checkbox"/>	Social	<input type="checkbox"/>

We also ask that you supply the following data, if applicable to your membership. This information may be used in planning Committees, Social events, Water activities, and will be held in strict confidence. (Use of this information by any organization or entity, other than the Cobourg Yacht Club, is strictly prohibited.)

Boat Name: _____ Weight (lbs.): _____
 Model: _____ Sail # _____ PHRF Rating: _____
 Draft: _____ Length at Waterline: _____
 Beam: _____ Length Overall: _____

Senior, or Associate members with children (under age 18) OR Full-time students under 25

Name: _____ Birthday (dd/mm/yy): _____ Gender: _____ CYA Sailing Level: _____
 Name: _____ Birthday (dd/mm/yy): _____ Gender: _____ CYA Sailing Level: _____
 Name: _____ Birthday (dd/mm/yy): _____ Gender: _____ CYA Sailing Level: _____
 Name: _____ Birthday (dd/mm/yy): _____ Gender: _____ CYA Sailing Level: _____

Mail completed application and payment to: CYC Secretary,
 c/o Cobourg Yacht Club,
 P.O. Box 561
 Cobourg, ON K9A 4L3