



Port Orchard Yacht Club

P.O. BOX 3

Port Orchard, WA 98366

APPLICATION FOR MEMBERSHIP

(Circle as required) ACTIVE ASSOCIATE FAMILY SINGLE

APPLICANT NAME _____ SPOUSE _____

OR CO-MEMBER _____

CHILDREN LIVING AT HOME (NO./NAMES) _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL _____

OCCUPATION _____

SPOUSE/CO-MEMBER OCCUPATION _____

SPECIAL TALENTS/ABILITIES WHICH WILL BENEFIT THE CLUB _____

email address: _____

BOAT INFORMATION

BOAT NAME _____ SAIL/POWER/GAS/DIESEL

SOLE OWNER/PARTNERSHIP, IF PARTNERSHIP NAME OF PARTNER _____

I/WE WILL/WILL NOT DESIRE MOORAGE. YEARS OF BOATING EXPERIENCE _____

BOATING AFFILIATIONS _____

IF ACCEPTED FOR MEMBERSHIP I/WE AGREE TO THE FOLLOWING: I/WE WILL

- 1. OBSERVE THE TRADITIONS OF YACHTING ETIQUETTE AND ALL RULES AND REGULATIONS OF THE CLUB, INCLUDING THE DIRECTIONS OF THE MOORAGE COMMITTEE RELATIVE TO THE LOCATION AND SECURITY OF MY/OUR BOAT.
2. PAY ALL CLUB CHARGES PROMPTLY.
3. CONFORM WITH THE RULES AND REGULATIONS OF THE CLUB IN CONSTRUCTION AND/OR MOORAGE OF MY/OUR BOATHOUSE (IF ANY).
4. PROVIDE 16 HOURS OF AUTHORIZED WORK PARTY TIME ANNUALLY. IF I/WE DO NOT, I/WE AUTHORIZE THE BILLING OFFICER TO BILL ME/US FOR THE UNWORKED HOURS AT THE CURRENT RATE AS SET BY THE BOARD OF TRUSTEES.
5. GIVE WRITTEN NOTIFICATION TO THE CLUB IN THE EVENT OF TERMINATION OF MY/OUR MOORAGE, CHANGE IN LOCATION OF BERTH, OWNERSHIP OF BOAT, OR CHANGES IN BOATHOUSE. IF PURCHASING A BOATHOUSE I/WE UNDERSTAND AND AGREE THAT FOR THE FIRST 30 DAYS, A SENIOR MEMBER MAY BUMP IT TO A DIFFERENT LOCATION
6. PERMIT THE CLUB TO USE ASSIGNED MOORAGE IN MY/OUR ABSENCE IN THE BEST INTEREST OF THE CLUB.

APPLICANT: _____

(SIGNATURE)

I/WE ACKNOWLEDGE THAT I/WE HAVE DISCUSSED WITH MY/OUR SPONSER, MEMBER PROPOSING ME/US FOR MEMBERSHIP, ALL THE BY-LAWS, RULES AND REGULATIONS AND RESPONSIBILITIES WHICH COME WITH MEMBERSHIP IN THE PORT ORCHARD YACHT CLUB. PLEASE FIND MY/OUR CHECK ATTACHED FOR INITIATION FEE OF \$ _____.

APPLICANT: _____ DATE: _____

(SIGNATURE)

SPONSOR: _____ DATE: _____

(SIGNATURE)

I HAVE AGREED TO SPONSOR _____ NAMED ON
 (APPLICANT PRINTED NAME)
 THE FRONT OF THIS APPLICATION. I BELIEVE HE/SHE/THEY MEET ALL
 REQUIREMENTS FOR MEMBERSHIP AND WOULD BE AN ASSET TO THE PORT
 ORCHARD YACHT CLUB. I WILL ASSIST THE APPLICANT AND/OR FAMILY IN
 MEETING MEMBERS OF THE CLUB AND IN BECOMING ACTIVE PARTICIPANTS.

POYC MEMBER _____ NAME _____
 (SIGNATURE) (PRINT)

MISCELLANEOUS

1. IF YOUR MEMBERSHIP IS ACCEPTED IT WILL TAKE APPROXIMATELY 3 MONTHS FROM THE TIME THIS APPLICATION IS RECEIVED UNTIL YOUR INITIAITON.
2. IT IS THE SPONSORING MEMBER’S RESPONSIBILITY TO MAKE SURE THE MEMBERSHIP CHAIRPERSON RECEIVES THE APPLICATION AND THAT APPLICANT KNOWS HE/SHE MUST OWN A BOAT TO BECOME AN ACTIVE MEMBER.
3. IF YOU OWN A BOAT THROUGH A PARTNERSHIP BOTH/ALL PARTNERS MUST BE MEMBERS TO MOOR AT POYC.
4. MOORAGE VACANCIES ARE ASSIGNED IN ACCORDANCE WITH SENIORITY. MUST BE A MEMBER TO BE ON THIS LIST A SENIORITY LIST IS MAINTAINED FOR THIS PURPOSE.
5. MOORAGE WHEN ASSIGNED IS BILLED BY THE SQUARE FOOT AREA ASSIGNED OR LINIER FOOT AS APPLICABLE.
6. ADDITIONAL INFORMATION IS AVAILABEL BY CALLING THE MEMBERSHIP CHAIRPERSON.



FOR CLUB USE ONLY

APPLICATION/CHECK RECEIVED _____ DATE _____ CHECK AMOUNT \$ _____
 (INITIALS)

CHECK RECEIVED, TREASURER _____ DATE _____ CHECK AMOUNT\$ _____
 (INITIALS)

INTERVIEW BY _____ DATE _____
 (PRINTED NAME)

FIRST READING _____ DATE _____, SECOND READING _____ DATE _____
 (INITIALS) (INITIALS)

INITIATION DATE _____ ENTERED DATABASE DATE _____ SECRETARY _____
 (INITIALS)