



Milwaukee Yacht Club

Established 1871

Clubhouse & Anchorage – 1700 N. Lincoln Memorial Drive, Milwaukee, WI 53202
Phone – 414-271-4455 / Fax – 414-271-6887 / www.milwaukeeyc.com

APPLICATION FOR MEMBERSHIP

Attach copies of valid ID (Drivers License or State ID card) for Applicant, and Spouse if applicable.

Membership Classification: Regular ___ Associate ___ Jr. Associate ___ Non-Res<10 ___ Previous Member Y N

Name _____

Res. E-mail _____ Res. Telephone # _____

Res. Address _____ Cell Phone # _____

City _____ State _____ Zip _____

Date of Birth _____ (mm/dd/yyyy) Marital Status _____ Date of Marriage _____ (mm/dd/yyyy)

Employer _____ Bus. E-mail _____

Title / Position _____ Bus. Telephone # _____

Bus. Address _____

City _____ State _____ Zip _____

Name of Spouse _____ Spouse's Date of Birth _____

Spouse's Employer _____ Title/Position _____

Bus. Address _____ Cell # _____

Spouse Email _____

Child 1: _____ Birth date: _____ Child 2: _____ Birth date: _____
(Please include Last Name if Different than yours.) (mm/dd/yyyy)

Child 3: _____ Birth date: _____ Child 4: _____ Birth date: _____

Boat Name: _____ Boat Make: _____

Sail Power Boat Size: _____ Boat Location: _____

Please check emails you would like us to use for weekly eblasts:

___ Res Emails ___ Bus Emails ___ Spouse Email ___ Other _____

Please Complete Backside of Application & Sign

Interests of Both Member & Spouse:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Adult Sailing Lessons
<input type="checkbox"/> Animals/Pets
<input type="checkbox"/> Antiques
<input type="checkbox"/> Art Gallery Nights
<input type="checkbox"/> Boating Activities
<input type="checkbox"/> Book Club
<input type="checkbox"/> Brewery/Wine Tours
<input type="checkbox"/> Business Meetings
<input type="checkbox"/> Cards/Bridge/Poker
<input type="checkbox"/> Charity/Fundraising
<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Cruising Fleet
<input type="checkbox"/> Dancing
<input type="checkbox"/> Dining | <input type="checkbox"/> Entertainment Committee
<input type="checkbox"/> Family Activities Fleet
<input type="checkbox"/> Food Tasting
<input type="checkbox"/> Grand Prix
<input type="checkbox"/> History
<input type="checkbox"/> House Committee
<input type="checkbox"/> Entertainment Committee
<input type="checkbox"/> Ideal 18's
<input type="checkbox"/> J-24 Fleet
<input type="checkbox"/> Jr. Sailing Lessons
<input type="checkbox"/> Jr. Sailing Foundation
<input type="checkbox"/> Laser Fleet
<input type="checkbox"/> Lightning Fleet
<input type="checkbox"/> Long Range Planning Committee | <input type="checkbox"/> Ideal 18's
<input type="checkbox"/> Marine Education
<input type="checkbox"/> MBWS Fleet
<input type="checkbox"/> Membership Development
<input type="checkbox"/> Movies/Films
<input type="checkbox"/> PHRF Fleet
<input type="checkbox"/> Music Enthusiast
<input type="checkbox"/> Pool
<input type="checkbox"/> Power Fleet
<input type="checkbox"/> Protest Committee
<input type="checkbox"/> Race Committee
<input type="checkbox"/> Race Committee Volunteer
<input type="checkbox"/> Reciprocity Benefits
<input type="checkbox"/> Regatta Committee | <input type="checkbox"/> Regattas/Racing
<input type="checkbox"/> Shopping
<input type="checkbox"/> Sailing School Committee
<input type="checkbox"/> Social
<input type="checkbox"/> Soling Fleet
<input type="checkbox"/> Sporting Events/Hockey/Golf
<input type="checkbox"/> Theatre/Performing Arts
<input type="checkbox"/> Yard & Dock Amenities
<input type="checkbox"/> Other |
|---|---|---|--|

Food Allergies or Dislikes: _____ Favorite Food or Beverage: _____

Spouse Food Allergies or Dislikes: _____ Favorite Food or Beverage: _____

(2nd Address)
 Winter/Summer. Address: _____ Telephone # _____
 (please circle winter or summer)

City _____ State _____ Zip _____

Months spent at 2nd Address: _____ Are you a Resident of this State/Location? Y N
 (i.e. Nov. – Apr.)

Banking Affiliation _____ Contact Person _____

Credit Card Type _____ Number _____ Expiration Date _____

Please attach a voided deposit slip or check from the account you want your ACH withdrawal taken from each month.

I hereby apply for membership to the Milwaukee Yacht Club. I agree, if approved, to abide by the Milwaukee Yacht Club By-Laws, Rules, and Regulations. I understand and agree that if approved for membership the initiation fee, if any, is due and payable prior to membership privileges being enacted. I further agree that my monthly fees will be paid via ACH from the account information provided. I also agree and authorize the MYC to charge my credit card for all fees if my account becomes 90 days in arrears. I agree to maintain my membership for a minimum period of one year beginning on my join date.

APPLICANT'S SIGNATURE _____ Date _____

Both sponsors must be a Milwaukee Yacht Club Regular Member. Please attach both Sponsor Forms to Application.

Names of other Milwaukee Yacht Club members with whom you have had crewing, social, or business contact. (Or relatives.):



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MEMBERSHIP SPONSOR FORM

I hereby sponsor the below Prospect for membership to the Milwaukee Yacht Club. I agree, if Prospect is approved, to abide by the Milwaukee Yacht Club By-Laws, Rules, and Regulations for Sponsorship obligations. I certify that I am an MYC Regular Member, and in good standing with the Club.

Sponsor Information:

Member Name: _____ Member #: _____

Prospect Name: _____ Relation: _____

SPONSOR SIGNATURE: _____ Date: _____

Please use the area below to describe why you think the above Prospect would be a good member at MYC.



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Sponsor Information:

Member Name: _____ Member #: _____

Prospect Name: _____ Relation: _____

SPONSOR SIGNATURE: _____ Date: _____

Please use the area below to describe why you think the above Prospect would be a good member at MYC.