



Milwaukee Yacht Club

Clubhouse & Anchorage
1700 N. Lincoln Memorial Drive, Milwaukee, WI 53202
Phone – 414.271.4455 / www.milwaukeeyc.com

FOR OFFICE USE ONLY	
Membership Classification	
<input type="checkbox"/> Regular	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Associate	<input type="checkbox"/> Jr. Associate
<input type="checkbox"/> Non-Resident <10	
Join Date ____/____/____	
Member # _____	

APPLICATION FOR MEMBERSHIP

- Initiation Fee must be submitted with application. Initiation fee may be paid by credit card; Tax and a 2.5% processing fee will be added.
- Attach copies of valid ID (Driver's License or State ID card) for Applicant and Spouse/Significant Other, if applicable.
- Applicant must submit signed Acknowledgement and Authorization for Background Check and Disclosure Regarding Background Check.

Legal Residence Address _____

Mailing Address (if different) _____

<p>Member Prospect:</p> <p>Full Legal Name _____</p> <p>Date of Birth (mm/dd/yyyy) _____</p> <p><input type="checkbox"/> Personal Email _____</p> <p>Mobile Phone: _____</p> <p>Employer _____</p> <p>Bus. Address: _____</p> <p>Title/Position _____</p> <p><input type="checkbox"/> Bus. Email _____</p> <p>Food Allergies/Dislikes _____</p> <p>Favorite Food/Beverage _____</p>	<p>Spouse/Significant Other Member Prospect (must reside at legal residence)</p> <p>Full Legal Name _____</p> <p>Date of Birth (mm/dd/yyyy) _____</p> <p><input type="checkbox"/> Personal Email _____</p> <p>Mobile Phone: _____</p> <p>Employer _____</p> <p>Bus. Address: _____</p> <p>Title/Position _____</p> <p><input type="checkbox"/> Bus. Email _____</p> <p>Food Allergies/Dislikes _____</p> <p>Favorite Food/Beverage _____</p>
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Marital Status _____ Date of Marriage _____ (mm/dd/yyyy)

Best Email Address for Billing/Statements _____

Emergency Contact Name _____ Phone _____

Please check all above email addresses you would like us to use for Club Eblasts.

List Children 25 years of age or under: Children 18-25 must be full-time students to be included on membership.

(Please include last name, if different. Birth date: mm/dd/yyyy)

Child 1: _____ Birth date: ____/____/____ Child 2: _____ Birth date: ____/____/____

Child 3: _____ Birth date: ____/____/____ Child 4: _____ Birth date: ____/____/____

Boat Name: _____ Boat Make: _____

Sail Power Boat Size: _____ Boat Location: _____

- Please Complete and Sign Backside of Application -

Interests of Member & Spouse/Significant Other & Family

Sailing:

Adult Sailing School Classes

Cruising Fleet (social sailing)

Ideal 18s

J-24 Fleet

Junior Sailing School

Laser Fleet

MBWOS Fleet (Ladies Racing)

PHRF Fleet

Protest Committee

Race Committee Volunteer

Regatta Committee

Soling Fleet

Veterans Sailing Volunteer

Check all that apply

Board Club Committees:

Community Outreach

House

Membership (new members)

Member Engagement

MYC Foundation

Sailing School Committee

Yard & Dock

Power Boating:

Power Fleet (social boating)

Tie-ups

Yacht Rides

Additional Interests:

Art Galleries

Book Club

Brewery / Wine Tours

Meetings/Venue Rental

Dancing

Dining

Family Activities

Fishing

Marine Education

Pool / Swimming

Music

Reciprocal Club Benefits

Sporting Events

**All applicants must submit a valid credit card for our files, and it must be kept current.
If your club account becomes delinquent, this card will be charged.**

MYC will not charge monthly dues to a credit card.

You must set up an electronic funds-transfer (ACH) with our Accounting Department, pay via check, or set up a Plastiq account online to transfer funds via a credit card (processing fees apply).

Banking Affiliation: _____ **Bank Contact Person (if any):** _____

Credit Card Type: _____ **Number:** _____ **Expiration Date:** _____ **CVC:** _____

Name on Credit Card _____

(2nd Address, if applicable)

Winter / Summer Address: _____ Telephone #: _____

(please circle winter or summer)

City: _____ State: _____ Zip: _____

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

*I hereby apply for Milwaukee Yacht Club membership.
I agree, if approved, to abide by the Milwaukee Yacht Club By-Laws, Rules and Regulations.
I also agree and authorize Milwaukee Yacht Club to charge my credit card for all fees
if my account becomes 40 days in arrears.
I agree to maintain my membership for one full year from join date.
I understand a 30-day notice needs to be given for resignations.*

APPLICANT'S SIGNATURE: _____ Date: _____

SPONSORS: Please provide the names of two sponsors who are Milwaukee Yacht Club Regular Class Members in good standing. We will contact these Members via email to obtain their sponsorship approval. If you do not have sponsors, our Membership Committee can assist you.