



SHATTEMUC YACHT CLUB

WESTERLY ROAD, P.O. BOX 29, OSSINING, NEW YORK 10562, PHONE 914-941-8777

To: Membership Committee, Shattemuc Yacht Club.

Date: _____

We, _____ and _____,
being Regular Members of Shattemuc, would like to introduce and hereby sponsor the application of

<p>_____</p> <p>< and _____ ></p> <p>for _____ (class) Membership in Shattemuc Yacht Club > (or)</p> <p>< to join the Membership of _____ >.</p>

In support of this application, the prospective members forward herewith current employment and reference information, a completed membership information form, and the sum of \$ _____ to cover applicable initiation fees and membership dues for the first year and New York State taxes. By signing below, they affirm that if elected to membership, they agree to abide by the Bylaws and Rules of the Shattemuc Yacht Club, and understand that Shattemuc's Bylaws provide that *"There will be no refund of initiation fees or any portion thereof after approval of membership."*

Signed, _____ date _____

<and _____ date: _____ >

Employment: (first name) _____ (second name) _____

Name _____ Name _____

Address _____ Address _____

Pos. _____ Phone _____ Pos. _____ Phone _____

References: 1. _____ Phone: _____

2. _____ Phone: _____

_____ (below this line for Shattemuc use only)



SHATTEMUC YACHT CLUB

NEW MEMBERSHIP INFORMATION FORM

Class: _____ **Date Filed:** _____ **Date Posted:** _____ **Date Approved:** _____

TITLE of MEMBERSHIP:

Last name First MI Last name First MI

I/we agree that, when approved by the Board of Directors, the above shall be the title of this membership and that I/we agree to abide by the Bylaws and Rules of the Shattemuc Yacht Club.

Signature Date Signature Date

Children under 25 with same home address

Name B'date Name B'date

Address: _____

Phone: _____
Home Bus Emergency

E-mail: _____ Include e-address in directory? _____
Yes/No

Insurance: _____
Liability Carrier Policy Number Expiration Date

BOATS (Located at Shattemuc)

Boat at slip/mooring

Boat at dry sail facility

Boat Name	_____	_____
Manufacturer	_____	_____
Model or Class	_____	_____
Color	_____	_____
Reg. Number	_____	_____
Length Overall	_____	_____
Beam	_____	_____
Draft	_____	_____
Displacement	_____	_____
Engines (Fuel,IB/OB,No)	_____	_____
Sail Number	_____	_____

Sponsors: _____

P.O. Box 29; Westerly Road; Ossining, NY 10562 - Phone: (914) 941-8777