

PORT CREDIT YACHT CLUB

115 Lakefront Promenade, Mississauga, ON L5E 3G6

Tel: 905 278 5578

www.PCYC.net

Fax: 905 278 2519

Application for _____ Membership

Type of Membership

To: The Secretary, Port Credit Yacht Club

I, _____, hereby apply for membership of the

Name in Full

Port Credit Yacht Club. If my application is accepted, I hereby agree to abide by the Charter, By-laws, Rules and Regulations passed by said Club at any time I am a member thereof and pay all Fees and Assessments set by the Club in a timely manner. I also understand that privileges of the Club will not be available to me until I receive notice from the Club Secretary of the acceptance of my application, and if not accepted any monies attached hereto will be returned to me promptly.

Home Address _____

_____ Postal Code _____

Home Phone (_____) _____

Business Phone (_____) _____ ext. _____

Fax (_____) _____

Cell Phone (_____) _____

Business Name & Address _____

_____ Postal Code _____

E-Mail _____ S.I.N. _____

License plate(s) _____

Date of Birth _____ Profession _____

Previous Address _____

(If changed in the last five years)

Please send all correspondence to my Home Address _____ Business Address _____

I consent to, and accept this as written notice of the intention of the Port Credit yacht Club to obtain such factual and investigative information as permitted by law, pertaining to my credit background and subsequent credit experience, if applicable, and to retain such information for Port Credit Yacht Club's confidential use.

Applicant's Signature _____ Date _____

Membership Application (page 3)

Please indicate below any previous Sailing/Boating experience you may have including any formal training, such as completion of The Canadian Power and Sail Squadron Course or The Canadian Yachting Association Training Programs.

What are your anticipated uses of Port Credit Yacht Club; for example Family, Social, Business, Crewing, Racing or any other?

Please provide us with any Boat Ownership information. Past, Present or Future.

Do you anticipate being able to contribute (non-monetarily) to the activities of Port Credit Yacht Club?

Please provide details, if any, of other past or present club memberships

Membership Application (page 4)

Account Payment Information

Desired method of payment of account **(Mandatory)**

Visa _____ MasterCard _____

Card Number _____ Expiry Date _____

I agree that all charges on my Port Credit Yacht Club account will be charged to the above credit card on a monthly basis. I also agree to inform Port Credit Yacht Club ***immediately*** of any changes to the above information.

Alternatively, should I choose to settle my monthly account by cheque or cash this payment must be received by the last day of the month or payment will be processed on your credit card.

Note: A \$15.00 charge will be incurred for any credit card decline or returned cheque.

Signature _____ Date _____

Name _____

Gate Security Card and Chit System Registration

I hereby authorize that my Spouse receive a Gate Security FOB and also sign Club chits. I agree to be responsible for all charges made by my spouse unless I notify the Club in writing to the contrary.

Signature _____ Date _____

Name _____

All persons using the premises and facilities of the Port Credit Yacht Club do so at their own risk. The Club shall not be liable for any personal injury, death, loss of property damage or any costs whatsoever in any way resulting from such use, whether or not caused by the negligence of the Club, its employees, members or guests.

Club membership does not necessarily include accommodation for a Yacht

Comments _____
