



Marblehead Yacht Club

2022 Membership Application

Name of Applicant _____ Age _____

Date of Application _____

Name of Spouse _____ or Domestic Partner _____

Domestic Partner is defined as a person with whom you share a monogamous relationship similar to marriage, have lived in the same household for at least one year, share financial obligations, is not a relative and neither of you are married to another person.

List children less than 22 years of age residing in your household (they are entitled to membership privileges) or indicate None.

Name _____ Age _____

Do you have Children 22 years or older who may be interested in joining the MYC? No Yes

Home Address: _____ City _____ State _____

Zip Code _____ Preferred Email: _____ Phone _____

(Please Print)

Check Box if you do not subscribe to Email and require Mail Delivery

Please list the MYC member who referred you (if any):

Membership Categories and Dues Summary (check one membership category below):

	Annual Dues	New Member Initiation Fee	Burgee (Active)	Total
___ Active (Boating) Member	\$800.00	\$300	\$25	\$1125
___ Associate (Social or Kayak) Member	\$400.00	\$ 99		\$499

A. Dues + Initiation + Burgee Fee (from above).....\$ _____

B. Dining Minimum Applicable to all Members.....\$75

C. Non Marblehead Resident Fee (if applicable).....\$50

D. Storage Fee (Optional).....\$_____

All Storage requests are subject to availability. Check with Dock Master.

(Check below if you wish to apply for storage at the MYC)

Dinghy _____ Inflatable _____ Kayak/Board/Canoe _____ Locker _____

Dinghy/Inflatable (tied up to float): = \$250.00 Kayak: On Rack in Lot = \$150.00

Locker = \$60.00

Total Payment enclosed (A+B+C+D):.....\$_____

Boaters:

Name of Boat: _____ Make: _____

Power _____ Sail _____ Length _____ Mooring # _____ Other Location: _____

Kayaks if stored at MYC: Description/Color of Kayak/Canoe:

I agree to review/read and abide by the MYC Constitution, By-Laws and Rules. If applicable, I hereby declare that any person identified above as being my domestic partner meets the stated criteria for domestic partnerships.

Signature of Applicant: _____ **Date:** _____

For Membership Committee:

Approved by: _____ **Date:** _____

Payment Received: _____