

TAUNTON YACHT CLUB, INC.
2125 WATER ST
P O BOX 105
DIGHTON MA 02715

APPLICATION FOR MEMBERSHIP

DATE: _____

MEMBERSHIP TYPE: FLAG: _____ FAMILY: _____ ASSOCIATE: A: _____ B: _____
(Captain only) (Captain & Spouse) (Non-Voting)

NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TEL: (____) _____

OCCUPATION: _____

PERSONAL DATA

NAME OF SPOUSE: _____ NO. OF CHILDREN: _____

HOBBIES (OTHER THAN BOATING): _____

HAVE YOU TAKEN A SAFE BOATING COURSE? ___ DATE: _____ USPS: ___ USCGAUX: ___

ARE YOU A CURRENT MEMBER OF USPS/USCGAUX: _____ RATING: _____

APPLICABLE SKILLS: _____

PLEASE GIVE 1 PERSONAL REFERENCE

NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

THE INFORMATION STATED ABOVE IS BOTH ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE REPRESENTATIVES OF THE TAUNTON YACHT CLUB, INC. TO INQUIRE AS TO MY MORAL STANDARDS AND CHARACTER.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF SPONSOR: _____ DATE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

At the time that the member is accepted has received a Copy of the By Laws

NEW MEMBERS SIGNATURE

PLEASE READ AND FILL OUT REVERSE SIDE ALSO

PLEDGE OF THE APPLICANT

THE TAUNTON YACHT CLUB, INC IS A CLUB MADE UP OF MEN AND WOMEN AND THEIR FAMLIES TO PROMOTE THE HIGH STANDARDS OF YACHTING AND YACHT RACING, BOTH POWER AND SAIL AND SOCIABILITY AMONG ITS MEMBERS.

IN ADDITION, EACH MEMBER MUST SHARE EQUALLY, THE RESPOSIBILITY AND DUTIES AS DEFINED BY OUR CONSTITUTION AND BY-LAWS TO ENSURE THE PROPAGATION OF THE CLUB. FAILURE TO ADHERE TO THE POLICIES OF THE CLUB COULD MEAN THE REVOCATION OF THE PRIVILEGE OF MEMBERSHIP.

WHEREAS:

I PLEDGE TO UPHOLD THE RULES OF THE TAUNTON YACHT CLUB, INC PARTICIPATE IN ITS FUNCTIONS, AND TREAT EACH MEMBER WITH THE SAME HONOR AND RESPECT IN WHICH I EXPECT TO BE TREATED.

SIGNATURE OF APPLICANT: _____ DATE: _____

TELEPHONE #: _____

NOTICE: ALL FEES AND DUES MUST ACCOMPANY THIS APPLICATION PRIOR TO ANY REVIEW OF THE COMMITTEE ON ADMISSIONS.
IF THE APPLICANT FAILS TO RECEIVE THE NOMINATION FOR MEMBERSHIP, ALL MONIES WILL BE RETURNED TO THE APPLICANT.

FEES

MEMBERSHIP INITIATION: _____	MOORING SET-UP: _____
FLAG: _____	MOORING: _____
FAMILY: _____	LOCKER: _____
ASSOCIATE: _____	DINGHY: _____
	DOCK: _____
TOTAL: _____	TOTAL: _____

CHECK TOTAL: _____

THE COMMITTEE ON ADMISSIONS: RECOMMENDS: _____ DOES NOT RECOMMEND: _____

THE APPLICATION OF : _____ DATE: _____

COMMITTEE CHAIRMAN: _____ DATE: _____

MEMBER: _____ MEMBER: _____

MEMBER: _____ MEMBER: _____

MEMBER: _____ MEMBER: _____

ACCEPTED AT MEETING DATE: _____

TAUNTON YACHT CLUB, INC
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: : : : REQUEST FOR DOCK SPACE : : : :

1ST YEAR ON DOCK THERE IS A \$75.00 CHARGE PLUS CHARGE PER FT

TO: TYC DOCK COMMITTEE CHAIRPERSON

I, CAPTAIN OF THE VESSEL: _____ WITH
A LENGTH OF : _____ FT., AND A BEAM OF : _____ FT., RESPECTFULLY REQUEST THE
NEXT AVAILABLE DOCK SPACE ON THE SOUTH FLOATS.

I UNDERSTAND THAT IF THERE IS NO SPACE AVAILABLE, THIS LETTER WILL PLACE MY
REQUEST ON A WAITING LIST IN ORDER BY DATE RECEIVED IF HAND DELIVERED OR BY POSTAL
CANCELLATION DATE IF DELIVERED BY MAIL.

NOTE: IN THE EVENT OF A TIE FOR DATE RECEIVED, THE MEMBER WITH THE MOST
SENIORITY WILL HAVE FIRST CHOICE.

I ALSO UNDERSTAND THAT IF I REFUSE THAN MY NAME GOES TO BOTTOM OF LIST.

I ALSO UNDERSTAND THAT IF I AM ASKED TO FILL A SPOT ON THE FINGER DOCKS
BECAUSE OF BOAT SIZE, THAT MY SENIORITY ON THE DOCK DOES NOT PROGRESS TILL THOSE
THAT WERE AHEAD OF ME ON WAITING LIST EITHER REFUSE OR ARE PLACED.

EFFECTIVE WITH THE ASSIGNMENT OF DOCK SPACE, THE VESSEL'S CAPTAIN
AUTOMATICALLY BECOMES A MEMBER OF THE DOCK COMMITTEE, IN ADDITION TO ANY
OTHER DUTIES OR OFFICE HELD AT TYC,

ALL THE RULES IN EFFECT, EITHER AS ESTABLISHED IN THE BY-LAWS OR BY THE DOCK
COMMITTEE, MUST BE ADHERED TO. FAILURE TO OBSERVE THE RULES MAY RESUSLT IN THE
LOSS OF DOCK PRIVILEGES.

CAPTAIN'S NAME: _____ MEMBERSHIP DATE: _____

RECEIVED BY: _____ DATE: _____

TELEPHONE #: _____

THIS IS TO BE FILLED IN BY THE DOCK COMMITTEE CHAIRPERSON

FIRST DATE OFFERED DOCK SPACE: _____

ACCEPTED: _____ REFUSED: _____ CPT'S INITIALS(IF REFUESED) _____

SECOND DATE OFFERED DOCK SPACE (IF APPLICABLE): _____

ACCEPTED: _____ REFUSED: _____ CPT'S INITIALS (IF REFUSED) _____

THIRD (AND FINAL) DATE OFFERED DOCK SPACE (IF APPLICABLE): _____

ACCEPTED: _____ REFUSED: _____ CPT'S INITIALS (IF REFUSED) _____

IF REFUSED A THIRD TIME NAME GOES TO BOTTOM OF EXISTING LISTING POSTED

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VESSEL DATA

CAPTAIN'S NAME: _____ DATE: _____

TELEPHONE #: _____

VESSEL NAME: _____ LENGTH: _____ FT.

REGISTRATION / DOCUMENTATION NO: _____ STATE: _____

YR / MAKE / MODEL: _____ POWER / SAIL: _____

DRIVE: INBOARD: _____ INBOARD / OUTBOARD: _____ OUTBOARD: _____ DRAFT: _____

SINGLE: _____ TWIN: _____ GAS: _____ DEISEL: _____

HULL NUMBER: _____

NOTE: A COPY OF YOUR LIABILITY INSURANCE MUST ACCOMPANY THIS DATA SHEET.

THE FOLLOWING IS TO BE FILLED OUT BY THE MOORING / DOCK COMMITTEE.

MOORING NUMBER: _____

HURRICANE MOORING NUMBER: _____

DINGHY NUMBER: _____

DOCK LOCATION (IF APPLICABLE): _____