



INTERCITY YACHT CLUB

7301 North Marginal Rd. Cleveland, Ohio 44103

Mailing Address: P.O. Box 603096 Cleveland, Ohio 44103

Name: _____

Address: _____

Phone: _____ Emergency Contact: _____

Email: _____

Member Type: _____

INITIATION FEE \$1,000.00 (NON REFUNDABLE)

Fees	Amount	Paid
Dues	\$675.00.	
Capital Improvement Fund Assessment	\$450.00	
Dockage-26 Ft. Boat or less=\$780.00 *each additional ft.+ \$30/ft.		
Work Hours must be done by and due by October 31st (\$25.00 per hour x 10 hours=\$250.00) (hours must be approved by Commodore)	\$250.00	
*NOTICE <ul style="list-style-type: none"> MEMBERSHIP DUES ARE DUE BY FEBRUARY 28th DOCKAGE FEES ARE DUE BY MARCH 31st (IF NOT PAID BY MARCH 31st THE MEMBER WILL NOT BE ENTITLED TO THE DOCK USED THE PREVIOUS YEAR) CAPITAL IMPROVEMENT FUND ASSESS DUE BY MAY 31st (ADDITIONAL PENALTY MAY APPLY IF FEES ARE NOT PAID ON TIME) 		
IYC WILL NOT BE LIABLE FOR ANY BOAT STORED ON PROPERTY OR PARKED AT DOCKS. IT IS EACH BOATER'S RESPONSIBILITY TO SUPPLY CURRENT COPY OF BOAT INSURANCE TO INTERCITY YACHT CLUB AT TIME OF APPLICATION, REQUEST BY BOARD OR BY FEBRUARY 28th OF EACH YEAR		
TOTAL	\$	

INTERCITY YACHT CLUB

7301 N. Marginal Rd.
Cleveland, Ohio 44103
(216)431-5604

www.intercityyachtclub.org

*"If we stand tall, it is because we stand
on the backs of those who came before us....."*

APPLICATION FOR MEMBERSHIP

Applicant Information:

Name: _____ Name of Spouse: _____

Age: _____ Age of Spouse: _____ DOB: ____/____/____ DOB of Spouse: ____/____/____

SS # _____/_____/_____ SS# of Spouse _____/_____/_____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Alternate#: _____ Cell Phone#: _____ Primary

Email Address: _____

Alternate Email Address: _____

I. Membership Type: (Please check one only)

Active: _____ Associate: _____ Junior: _____ Honorary: _____

Spouse: Active: _____ Associate: _____ Junior: _____ Honorary: _____

II. Employment Information:

Self Employed _____

Name of Employer (Company): _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Length of Time: (Only if less than 5 years) Start Date: ____/____/____

End Date: ____/____/____

Previous Employer: (only if less than 5 years) _ _____

Retirement Date: (Only if Applicable) ____/____/____

III. Background Information:

Have you ever been expelled or asked to resign from another club/organization? Yes _____ No _____

If Yes please give name of club/organization: _____ Date: _____ Explanation of termination (use back of form if you should need more space): _____

In the past seven years have you been convicted of a felony? Yes _____ No _____ Date of conviction? _____

Reason (use back of form if you should need more space) _____

IV. Boat Information:

Make of Boat: _____ Power _____ Sail _____ Length _____

LOA _____ Beam _____ Draft _____

Type: Inboard _____ HP _____ Twin Engines _____ HP _____ I/O

Will you require Dock Space? Yes _____ No _____

Are you the sole owner of the above mentioned boat? Yes _____ No _____

If no please provide owner/owners name and contact information: _____

V. Insurance Information: (please submit current copy of insurance policy with this application)

Name of Insurance Company: _____ Agency: _____

Insurance Policy#: _____ Expiration Date: _____

Boat Education:

Name of Course: _____ Date of Completion: ___/___/___

Name of Course: _____ Date of Completion: ___/___/___

Name of Course: _____ Date of Completion: ___/___/___

Have you received any awards, certificates, honors we should recognize? Yes_____ No_____

Name:_____ Year:_____

Name:_____ Year:_____

Name:_____ Year:_____

Name:_____ Year:_____

VI. Affiliations:

Are there any other Yacht/boating organizations to which you belong?

Yes_____ No_____

Name:_____ How Long:_____ Name:_____ How Long:_____

Name:_____ How Long:_____ Name:_____ How Long:_____

VII: References:

Name:_____ Relationship to Applicant:_____

Phone#:_____ Cell#:_____ Best Date & Time to Contact_____

Address:_____ City:_____ State:_____ Zip Code:_____

Email Address (optional):_____

Name:_____ Relationship to Applicant:_____

Phone#:_____ Cell#:_____ Best Date & Time to Contact_____

Address:_____ City:_____ State:_____ Zip Code:_____

Email Address (optional):_____

Name:_____ Relationship to Applicant:_____

Phone#:_____ Cell#:_____ Best Date & Time to Contact:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Email Address (optional):_____

VIII. Please List any Skills, Products and Services you can offer below:

Skills _____ Products & services _____

Skills _____ Products & services _____

Skills _____ Products & services _____

Skills _____ Products & services _____

Commitment:

I understand that this is a working club. In an attempt to maintain low expense levels, all members are expected to contribute a minimum of 25 hours of their time excluding launch and haul out to maintain the premises and equipment. Accordingly I agree to make myself available in this regard or pay \$250.00 per year.

Yes _____ No _____

General membership meetings are held the 3rd Thursday of each month at 7:30 p.m.
Will you be able to attend on this day at that time?

Yes ___ No _____

Are you interested in attending social activities for the club? Yes _____ No _____

We welcome additional comments and your reason requesting membership in IYC.

Comments: _____

Committees:

Please check any committee that you have interest in serving!

Membership Planning _____

Auditing _____

Ways & Means _____

Constitution & By-Laws _____

House & Grounds _____

Publicity _____

Entertainment _____

Grievance _____

Budget & Finance _____

Welfare _____

Docks _____

Race & Regatta _____

Acknowledgment:

I _____ the undersigned do hereby make application for the membership in Intercity Yacht Club (IYC) and testify that the information on this application is correct and true. If membership is granted, I will abide by all the Rules and Regulations, the Constitution and By-Laws as set forth in the Membership Handbook; as well as concerning dockage, club activities, use and grounds, and work rules. I agree that my family, my guests and I will at all times be governed by the rules of IYC. I agree to meet all financial obligations imposed upon me by virtue of my membership and pledge financial responsibility for club services and facilities used by my family and guests. I realize that my first year of membership will serve as a probationary period.

Statement of Membership Liability Waiver:

Intercity Yacht Club ("Club") shall not be liable for any damages arising from personal injury, property loss or damage sustained by the Member in attending the Club and using Club facilities. The Member assumes full responsibility for any personal injury, property loss or damage which may be sustained by the Member in attending in the Club and using Club facilities. The Member assumes full responsibility for any personal injury, property loss or damage which may be sustained by the Member in, on or about the Club facilities and hereby fully and forever releases and discharges the Club, its directors (**solely in their capacity as directors**), agents and employees from any and all claims of action, present and future, whether the same be known or unknown anticipated or unanticipated resulting from or arising out of the Members' use of the Club facilities, including but without limitation any claims for personal injury, property loss or damage arising out of negligence of the Club or its members, agents and employees or any other persons using the Club facilities as guests or invitees to the extent that such assumption of risk and waiver if claims does not discharge release or relieve the Member's insurance carriers under policies covering the Member or his/her property.

Signature of Applicant: _____ Date: ____ / ____ / ____

Print Name: _____

Flag Officer: _____ Date: ____ / ____ / ____

Signature of Spouse: _____ Date: ____ / ____ / ____

Print Name: _____

Sponsor: _____ Sponsor: _____

(Please return application with a check in the amount of \$ _____ for payment of Membership Fee.)

OFFICE USE ONLY:

Date Application Received: ____ / ____ / ____ Date Interviewed: ____ / ____ / ____

Amount Received: _____ By: _____

Results of Reference check:

Comments: _____

____ Approved ____ Active ____ Associate ____ Disapproved

Reason (Use Back if you need more space) _____

Membership Chairman Signature: _____ Date: ___/___/___

Treasurer Signature: _____ Date: ___/___/___

Secretary Signature: _____ Date: ___/___/___