



Port Canaveral Yacht Club
 910 Mullet Road (P.O. Box 156)
 Cape Canaveral, Florida 32920
 321-784-2292



General
Membership

Social
Membership

Single Senior Social
Membership

Other

--	--	--	--

PRIMARY MEMBER INFORMATION

LAST NAME	FIRST NAME	
STREET ADDRESS	CITY/STATE	ZIP CODE
HOME PHONE*	OCCUPATION	E-MAIL*
BUSINESS PHONE*	EMPLOYER	OTHER PHONE OR EMAIL*

SECONDARY MEMBER INFORMATION

LAST NAME	FIRST NAME	
STREET ADDRESS	CITY/STATE	ZIP CODE
HOME PHONE*	OCCUPATION	E-MAIL*
BUSINESS PHONE*	EMPLOYER	OTHER PHONE OR E-MAIL*

IMMEDIATE FAMILY MEMBERS (UNDER 18)	RELATIONSHIP

Please initial inside each box to agree.

	I acknowledge that I have received and read a copy of the PCYC Bylaws, House Rules, and Dock Rules along with a copy of the fee schedule. I agree to conform to all regulations and limitations listed herein.
	I hereby agree that PCYC can order my credit report and background check.
	Membership fees are payable in advance with the application. Club use fees and dockage are payable monthly. Dock assignments are based on availability and membership does not guarantee dockage.
	I understand that the Club may publish a directory (for Club and Club member use only) and give permission for inclusion in the directory.
	I understand that all boats must vacate the Port Canaveral Yacht Club when the Port Authority issues an evacuation order.
	I understand that I am obligated to pay the Initiation Fee listed in Table 1 of the By-Laws. Initiation fees are nonrefundable after membership acceptance. At times, the PCYC Board may offer a payment plan for this fee and that my membership is dependent on completion of these payments.

I accept this application for membership and agree to conform to the bylaws of this Club and comply with the obligations of membership. I agree to the terms in this application.

Applicant Signature #1

Date

Applicant Signature #2

Date

Board Approval By

Date

Have you ever been a member of another yacht club? _____

Do you know someone at this Club? If so, who? _____

How did you find out about us? _____

COMMITTEE PARTICIPATION

(Please indicate 1st, 2nd and 3rd preference)

Committee	Member #1	Member #2
House – Building		
House – Grounds		
House – Bar		
Fleet – Racing		
Dockmaster		
Pier & Slips		
Programs and Entertainment		
Finance Membership		
Newsletter		
Public Relations		
Ways & Means		
Advertising		
Hospitality		
Reserve		
Sunshine		

For help in planning club activities, please tell us by circling which of the following activities interest you:

Racing Fishing Cruising Pleasure Boating Diving Social Picnics Raft-Ups

Please List specific skills that you have which you would be willing to use to benefit the Club:

Member #1 _____

Member #2 _____

If you own a boat, please complete the following sections:

Sail or Power Make/Model _____ Year _____

Power Boaters circle all that apply: I/O O/B I/B Single or twin HP_

Hull Type: Fiberglass Wood Aluminum

Displacement: _____ LOA: _____ Draft: _____ Beam: _____

Vessel Name: _____ Reg/Doc# _____

Shore Power Requirements: None 30AMP 50AMP

IN CASE OF SEVERE WEATHER OR EMERGENCY, PLEASE CONTACT:

Do you wish to be placed on a slip waiting list? YES NO SLIP LENGTH DESIRED _____

Will you accept a longer slip?_ YES NO

NOTE: LIVEBOARD SLIPS ARE LIMITED, NO GUARANTEE OF AVAILABILITY CAN BE MADE



AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize Innovative Credit Solutions and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status, a credit report, criminal records (including felony and misdemeanor records), and any other background information needed

in connection with a(n) MEMBERSHIP application to:

Port Canaveral Yacht Club
(Name of Company Requesting Report)

Person(s) reports are requested on:

Print: First Name: _____ Middle _____

Last Name: _____ SSN: _____ DOB: _____

Signature (Applicant) _____ Date: _____

Print: First Name (Spouse): _____ Middle _____

Last Name: _____ SSN: _____ DOB: _____

Signature (Spouse): _____ Date: _____

Present Address: _____

City: _____ State: _____ ZIP (required): _____