

# HAMMOND YACHT CLUB

c/o Membership Director  
731 Casino Center Drive  
Hammond, IN 46320  
219-659-9030

## 2017 APPLICATION FOR ASSOCIATE MEMBERSHIP

We hereby recommend \_\_\_\_\_ the applicant,  
*Please print name*  
for Membership in the Hammond Yacht Club.

Recommended by: \_\_\_\_\_  
*Please print name* *Signature*

I, the undersigned, apply for Membership in the Hammond Yacht Club realizing that my name, residence, mailing address and occupation must be posted upon the bulletin board of the Club for ten (10) days and/or my name may be posted on the Club website for ten (10) days and must thereupon receive approval of the Board of Directors, and if elected agree as follows:

I shall govern my action, bearing and attitude by such a manner as will always reflect credit on the Club and the yachting fraternity. I do not own nor am I partner in the ownership of a State registered or USCG documented boat. I am twenty-one (21) years of age or older. I will comply with the constitution, by-laws and house rules of the Club that are now or hereafter in effect

### **Associate Membership Annual Dues - \$300.00**

Please make check payable to **Hammond Yacht Club**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Please complete for a Second Card Holder.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Continued on reverse)

