

HAMMOND YACHT CLUB

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

2020 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 Single Card Holder

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. (Additional \$300.00)

Name _____

Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Date of Birth _____

(Continued on reverse)

