



Seniority Date _____
FOR CLUB USE ONLY

Halloween Yacht Club

10 Seaview Avenue, Stamford, CT 06902-6036
(203) 348-5510 www.hyc.net

Date: _____

APPLICATION FOR MEMBERSHIP

I, _____, hereby make application for membership in the Halloween Yacht Club.

PRINT NAME IN FULL

Year of birth _____ Home Telephone # _____ Spouse _____

Home Address _____

City, State and ZIP _____

Home e-mail _____ Cell Phone _____ Occupation _____

Employer _____ Telephone _____

Business Address _____

City, State and ZIP _____

*Boat Name _____ Made/Model _____

*Dimension: Length _____ Beam _____ Draft _____

*Power (P) or Sail (S) _____ Sail # _____ Kayak _____ Other _____

PLEASE SPECIFY

*Not Required if no boat

How did you learn about Halloween Yacht Club? _____

I refer you to the following 3 persons who have known me for one year or more
(Stamford residency not required)

Provide Name, Address and Telephone Number:

1. _____

2. _____

3. _____

Proposed By _____
HYC MEMBER PRINT NAME SIGNATURE

Proposed By _____
HYC MEMBER PRINT NAME SIGNATURE

Dues \$100.00

Initiation \$150.00 CT Sales Tax Included

Total \$250.00 Dues must accompany this Application

The Halloween Yacht Club was founded upon and thrives upon a spirit of enthusiastic volunteerism and self help. In keeping with that tradition, I hereby acknowledge my obligation for personal service to the Club. I understand that I may discharge this obligation by volunteering for service on a work-party, on a committee, or by other voluntary service related to Club improvements, operations, maintenance, social and/or yachting functions.

SIGNATURE OF APPLICANT Seniority No. _____
FOR CLUB USE ONLY 05/09