

# CHICAGO CORINTHIAN YACHT CLUB

## APPLICATION FOR MEMBERSHIP

Applicant's Name: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_  
 Children's Names & Ages: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 (Please fill in to receive Club Newsletter by E-mail)  
 Occupation: \_\_\_\_\_  
 Membership in Other Clubs or Organizations: \_\_\_\_\_  
 Do you know a current member? \_\_\_\_\_

Name of Boat: \_\_\_\_\_  Sail  Power  
 Manufacturer: \_\_\_\_\_  
 Type/Length: \_\_\_\_\_  
 Name(s) of Co-Owners: \_\_\_\_\_  
 Montrose Mooring No: \_\_\_\_\_

**FEE SCHEDULE - EFFECTIVE January 1, 2010**

	<u>Initiation</u>	<u>Dues</u>	<u>Total</u>
Prior to July 1:	\$400.00	\$530	\$930
July 1 to December 31:	\$400.00	\$460	\$860
Locker (optional):	<input type="checkbox"/> Men	\$25	_____
	<input type="checkbox"/> Women	\$15	_____
	<b>Amount of Check:</b>	\$	_____

All fees must be paid in advance. There may be a waiting list for lockers. Please make checks payable to *Chicago Corinthian Yacht Club*.

Allow 30 days for processing. Application will not be processed without the following:

- Indicate Montrose Harbor Mooring number in the space provided above.
- Attach Check or Money Order covering all fees.
- Sign application below:

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail application and check to:  
 Laura Kurz - Membership Chairman  
 2647 S. Wesley  
 Berwyn, Illinois 60402

For further information, please telephone:  
 Laura Kurz - 708-484-6181  
 CCYC Membership Chairman

CCYC Office Use (by membership chairman) Fees Received: \$ _____ Check No.: _____ <input type="checkbox"/> Hold <input type="checkbox"/> Reject - Attach explanation if either box is checked.	Date Rec'd:	Appl. No.:
	By: Membership Committee	

*Approved, Membership Committee:* \_\_\_\_\_ *Date:* \_\_\_\_\_

CCYC Processing Office Use: Check # \_\_\_\_\_ Check Amt. \_\_\_\_\_ Dues \_\_\_\_\_ ML \_\_\_\_\_ LL \_\_\_\_\_ Fees \_\_\_\_\_  
 Key #s Issued: \_\_\_\_\_  Label  Roster  Fees List Date: \_\_\_\_\_