



SENIORITY DATE: _____
FOR CLUB USE ONLY

Halloween Yacht Club

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

Application for Membership

I, _____, hereby make applications for membership in the
Print Name in Full

Halloween Yacht Club.

Year of birth _____ Telephone # _____ Spouse _____

Home Address _____

City, State, Zip _____

Email _____ Cell Phone _____

Employment Information:

Employer _____ Occupation _____ Telephone # _____

Business Address _____

City, State, Zip _____

Boat Information: **Not required if you do not currently have a boat*

*Boat Name _____ Make/Model _____

*Dimension: Length _____ Beam _____ Draft _____

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

References: 3 persons, with contact details, who have known me for one year or more:

1. _____

2. _____

3. _____

Proposed By _____ Signature _____

HYC Member Print Name Member #

Proposed By _____ Signature _____

HYC Member Print Name Member #

Dues \$100.00
Initiation \$175.00 CT Sales Tax Included
Total \$275.00 Dues and Initiation fee must accompany application

The Halloween Yacht Club was founded upon and thrives upon a spirit of enthusiastic volunteerism. 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.

Seniority No. _____

APPLICANT SIGNATURE

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