## **Massabesic Yacht Club**

PO Box 801, Manchester, NH 03105 Website at www.mycsailing.com

## Application for Membership (please print legibly) \*required fields

\*Applicant's name: \_\_\_\_\_\_ (Min. age 18) \*Spouse's name: \_\_\_\_\_

*Home address:	*City:	*State:	* Zip:	
*Home phone:	Work phone:	Cell phone:		
*E-mail:(Optional) Do you have a  Do you currently own a so	NH Safe Boater's Certificate? Y N	It is not necessary to over the However when a member you must own a sailboar Massabesic Lake.	pership slot is available	
oat type: Registration number:		Centerboard (	Centerboard or keel:	
Age of boat:	Length:ft. Sail number	: Sail area:	sq. ft.	
"Our Miss	ion Is To Encourage and Promote	Sailing and the Art of	Seamanship."	
What are you interested ir	n? (circle all that apply) Racing (see v	veb site) Cruising	Crewing	
1) Are you interested	d in the MYC racing program? N Y (I	f "no", do not answer th	e following questions.)	
2) Have you ever skip	opered a boat in a race? Y N 3)	Do you know the basic r	acing rules? Y N	
4) Do you know how	to adjust your sails properly for ever	y point of sail? Y N		
5) Will you commit to	race 1/3 of the regular Sunday race	es? Y N (1/3=12 races	s / usually 6 Sundays)	
6) Why do you want	to become a racing member? (use the	back of this sheet, or o	attach another sheet)	
waiting list for membersh time you must pay an initia	is non-refundable. This fee does not a ip. When a membership slot is available ation fee and dues, and then the existin t amounts for 2017 are these: One t	, the membership chair wi g members will vote on you	ll contact you. At that ur application at the	
Yacht Club. You further o	lication indicates you agree to abide by Igree that you do not expect to receive hip to sell, demonstrate, or promote any	any pecuniary benefit fro		
*Signed:	*Date:			
It is applicant's respo	nsibility to notify MYC of any change	s in contact information v	while on 'Wait List'.	
	, a member in good stacept responsibility to introduce him/he			
New members shall be	e on probation for one year. Make ch	necks payable to MYC. A	Mail to address above.	
Club use only: Amt. p	aid: Date paid: Check i	#:	Race	