



Membership Application

false creek yacht club

1661 Granville Street Vancouver B.C. V6Z 1N3
Phone: 604 682-3292 Fax: 604 682-3614
email fcyc@fcyc.com

I wish to make an application for membership in False Creek Yacht Club as follows (please print):

Please circle: **Active** Social Intermediate Junior Corporate Corp Social Associate Associate Social

Surname _____ Given Names _____

Partner/Spouse's Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone Home _____ Office _____ Cell _____ Boat _____

Fax _____ email: _____ Spouse email _____

Numbers not to be published in roster: H _____ Off _____ Cell _____ Boat _____ Fax _____ email _____ Sp-email _____

Citizenship _____ Date of Birth _____

Employer/Company _____ Position (optional) _____

Children's Name(s) (under 19 if you wish to register)

_____ Birth Date _____

_____ Birth Date _____

_____ Birth Date _____

BOAT INFORMATION

Sail / Power Make _____ Boat Name _____

LOA _____ Draft _____ Beam _____ Hull Colour _____ Year _____

Registration # _____ Moored at _____

Insurance Company _____

References:

1. _____

2. _____

Referred by: _____

I certify that the above information is true and complete to the best of my knowledge. I enclose herewith the full amount of the initiation fee and/or dues. I understand that the application for membership, or acceptance does not in any way guarantee moorage.

Signature of Applicant _____ Date _____

For office use:	Active/ Social/ Intermediate/ Junior/ Corporate/ Corp Soc/ Associate/ Associate Soc
Initiation Fee _____	GST _____ DUES _____ GST _____ Assessment _____ MPF \$20 Extra Card \$12
Amount Paid _____	Credit Card/Cheque/PAP _____
Receipt # & Date _____	Accepted _____
	Membership Number