



# PORT CREDIT YACHT CLUB MEMBERSHIP APPLICATION

115 Lakefront Promenade, Mississauga, ON Canada L5E 3G6

Tel: 905 278 5578

www.PCYC.net

Fax: 905 278 2519

**Please print clearly and answer the applicable questions:**

**I hereby apply for membership in the Port Credit Yacht Club.**

Class of Membership:  Senior  Associate  Associate/Dry sail  Intermediate  
(please check)  Non Resident  Junior  Student  Corporate

To: The Secretary, Port Credit Yacht Club

I, (Mr. /Mrs./ Ms./ Miss./ Dr.) \_\_\_\_\_, hereby apply for

**Surname**

**Given Name**

membership of the Port Credit Yacht Club. If my application is accepted, I hereby agree to abide by the Charter, By-laws, Rules and Regulations passed by said Club at any time I am a member thereof and pay all Fees and Assessments set by the Club in a timely manner. I also understand that privileges of the Club will not be available to me until I receive notice from the Club Secretary of the acceptance of my application, and if not accepted any monies attached hereto will be returned to me promptly.

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Company Name \_\_\_\_\_ Profession \_\_\_\_\_

License plate \_\_\_\_\_ Date of Birth \_\_\_\_\_ (M-D-Y)

Previous Address \_\_\_\_\_

(If changed in the last five years)

I consent to, and accept this as written notice of the intention of the Port Credit Yacht Club to obtain such factual and investigative information as permitted by law, pertaining to my credit background and subsequent credit experience, if applicable, and to retain such information for Port Credit Yacht Club's confidential use.

Applicant's Signature \_\_\_\_\_ Date signed \_\_\_\_\_

## Membership Application (page 2)

### Spouse and Family Details

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (M-D-Y)

Business Phone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Profession: \_\_\_\_\_ E-Mail \_\_\_\_\_ License plate \_\_\_\_\_

Number of Children Under 11 \_\_\_\_\_ Number of Children age 11 to 18 \_\_\_\_\_

### Photo Opt Out:

If you are electing to OPT OUT, please check the box below. **Please also attach a recent photo of you and listed family.**

*Please use this form ONLY if you want PCYC to make all reasonable efforts to EXCLUDE images of you and your family listed below from photos, videos and recordings used for marketing, communications, and public relations purposes.*

Date: \_\_\_\_\_

*I want PCYC to make all reasonable efforts to EXCLUDE images of me and my family members listed below from photos, videos and recordings for marketing, communications, and public relations purposes. Please include the birthdate of minors (under 18):*

Name: \_\_\_\_\_ Signature: (if over 18): \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Junior Membership Applicants only** To be completed by the Parent or Guardian of all Junior membership applicants.

I hereby guarantee payment of accounts incurred by the applicant while a Junior member of Port Credit Yacht Club

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Membership Number \_\_\_\_\_  
Please Print If applicable

Home Address \_\_\_\_\_ Postal Code \_\_\_\_\_

### Proposer and Seconder

We, the undersigned, as members of the Port Credit Yacht Club, are personally acquainted with the applicant and recommend him/her for admission to membership.

Proposer \_\_\_\_\_ Membership Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Seconder \_\_\_\_\_ Membership Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Only Senior and Associate members in good standing may act as Proposers and Seconders and at least one of them must be a Senior Member. The Proposer shall submit a letter in support of the application to the Secretary.

## Membership Application (page 3)

Please indicate below any previous Sailing/Boating experience you may have including any formal training, such as completion of The Canadian Power and Sail Squadron Course or The Canadian Yachting Association Training Programs.

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What are your anticipated uses of Port Credit Yacht Club; for example Family, Social, Business, Crewing, Racing or any other?

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Please provide us with any Boat Ownership information. Past, Present or Future.

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How did you hear about PCYC? (Circle) Internet    PCYC Member    Boat Broker    Boat Show    Open House

Other \_\_\_\_\_

Do you anticipate being able to contribute (non-monetarily) to the activities of Port Credit Yacht Club?

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Please provide details, if any, of other past or present Club memberships

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### Account Payment: Check desired method of payment of monthly account

Visa     MasterCard     Pre Authorized Debit     Send my monthly statement by email

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

I agree that all Food and Beverage charges on my Port Credit Yacht Club account will be charged to the above credit card on a monthly basis. I also agree to inform Port Credit Yacht Club *immediately* of any changes to the above information; otherwise your signing privileges will be suspended until further notice. **NOTE: Payment for Annual Membership Dues, Summer Mooring, Winter & Summer Storage charges can only be paid by Cheque, Direct Debit or Online at your bank or financial institution.** Alternatively, should I choose to settle my food and beverage account by Cheque, or online banking this payment must be received by the last day of the month or payment will be processed on your credit card. Please Note: A \$25.00 charge will be incurred for any credit card decline, non-sufficient funds and returned cheques. Your signing privileges will also be suspended immediately.

**If this application is accepted, I agree to pay all Dues and Fees for services and accounts rendered by the Club within 30 days of invoice date. I understand that interest will be charged on overdue accounts. (18% annually)**

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Applicant (s) signature

Date Signed

### Gate Security Card and Chit System Registration

I hereby authorize that my Spouse receives a Gate Security FOB and also sign Club chits. I agree to be responsible for all charges made by my spouse unless I notify the Club in writing to the contrary.

All persons using the premises and facilities of the Port Credit Yacht Club do so at their own risk. The Club shall not be liable for any personal injury, death, loss of property damage or any costs whatsoever in any way resulting from such use, whether or not caused by the negligence of the Club, its employees, members or guests.

**Club membership does not necessarily include accommodation for a Yacht**

## Membership Application (page 4)

**The applicant acknowledges that the following matters have been explained by a representative of the Port Credit Yacht Club:**

**Please initial**

- Membership Year/ January 1 to December 31
- Gate FOB Required
- Minimum monthly Food & Beverage requirement: \$75.00
- A new member welcome dinner will be arranged

### **Application checklist to be completed by you, the Applicant:**

**The application process has several easy steps.**

- A completed application form
- A cheque for the Initiation Fee and Annual Membership Dues
- A letter of reference from the Proposer
- A letter of reference from your bank or financial institution (only if you do not have a Proposer & Seconder)
- Boat owners, please complete & submit an Owners Agreement Form, Yacht Questionnaire, recent photo of boat and a copy of your insurance

**Thank you for choosing to become a member of the Port Credit Yacht Club.**

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### **PORT CREDIT YACHT CLUB**

115 Lakefront Promenade  
Mississauga, ON, Canada  
L5E 3G6

CONTACT: 905-278-5578  
              905-278-7911 ext 224

Main Reception  
Membership Inquiries, Suzette Newton  
Email: [info@pcyc.net](mailto:info@pcyc.net)

FAX:        905-278-2519

WEBSITE: [www.pcyc.net](http://www.pcyc.net)