



# Lord Calvert Yacht Club, Inc.

P.O. Box 268, Solomons, MD 20688

## Membership Application

Captain \_\_\_\_\_  
Last Name First Name Initial

First Mate \_\_\_\_\_

Children (with ages) \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Tell us about your boat: \_\_\_\_\_  
Name of Boat

Power / Sail (circle one) \_\_\_\_\_  
Make and Model

Length \_\_\_\_\_ Feet Beam \_\_\_\_\_ Feet Draft \_\_\_\_\_ Feet Cruise Speed \_\_\_\_\_ Knots Elect. Req. \_\_\_\_\_ Amps

Marina \_\_\_\_\_ Dock \_\_\_\_\_ Slip \_\_\_\_\_ Phone \_\_\_\_\_

INITIATION FEE IS SUBMITTED HEREWITH. I UNDERSTAND THAT I WILL BE BILLED FOR DUES, PRO-RATED FROM APRIL 1<sup>ST</sup>, WHEN THE BOARD HAS APPROVED MY APPLICATION, AND I HAVE BEEN SO NOTIFIED. IN THE EVENT THAT THE BOARD DOES NOT APPROVE MY APPLICATION, THE INITIATION FEE WILL BE RETURNED IN FULL. I UNDERSTAND THAT EACH CAPTAIN AND FIRST MATE WILL BE CONSIDERED A REGULAR MEMBER AND WILL PAY DUES ANNUALLY IN ADVANCE.

IF MY APPLICATION IS ACCEPTED, I HEREBY AGREE TO CONFORM TO THE BY-LAWS OF THE LORD CALVERT YACHT CLUB AND AMENDMENTS THERETO.

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sponsors Endorsement:** I hereby recommend the above applicant(s) for membership in the Lord Calvert Yacht Club and agree to take responsibility for introducing the applicant(s) to the LCYC's members and activities.

**Sponsor Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_