



## Application for Membership Ephraim Yacht Club, Ephraim, Wisconsin

**Please click/type in fields electronically, then print and mail to address below.**

Date of Application (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The personal information collected is intended for our directory and the use of members, Board, staff, and volunteers for EYC related business. We send e-mail updates and reminders to those who provide e-mail addresses. This information is not intended for any other solicitation or third party communication.

### **For Office Use:**

*Date Fees Received:* \_\_\_\_\_ *Date of Check:* \_\_\_\_\_

*Check Number:* \_\_\_\_\_ *Amount:* \_\_\_\_\_

### **Member Name:**

Check one: Mr. & Mrs. \_\_\_\_ Dr. & Mrs. \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Miss \_\_\_\_ Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_

Check or Supply Information as applicable: Sr. \_\_\_\_ Jr. \_\_\_\_ III/IV, etc. \_\_\_\_\_

### **Spouse's Name (If Applicable):**

Last Name (if different): \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_

### **Permanent or Winter Address (Include P. O. Box, if applicable, and Street Address):**

Address Line 1/P.O. Box: \_\_\_\_\_

Address Line 2/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Fax: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

### **E-mail Addresses:**

E-mail #1 for (name): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

E-mail #2 for (name): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

E-mail for Child (name): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

E-mail for Child (name): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

E-mail for Child (name): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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**Cell Phone Numbers:**

Cell Phone #1 for (name): \_\_\_\_\_ Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
Cell Phone #2 for (name): \_\_\_\_\_ Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
Cell Phone for Child (name): \_\_\_\_\_ Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
Cell Phone for Child (name): \_\_\_\_\_ Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
Cell Phone for Child (name): \_\_\_\_\_ Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

**Summer Address (Include P. O. Box and Street Address If Applicable):**

Do you receive mail at this address?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Address Line 1/P.O. Box: \_\_\_\_\_

Address Line 2/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

**Names of Children Under 25:** \_\_\_\_\_

**Type of Membership Applied For (check one only):**

- \_\_\_\_\_ 1. **FAMILY:** (Includes member, member's spouse and member's children under age 25)
- \_\_\_\_\_ 2. **SINGLE:** (Individual/non-married membership)
- \_\_\_\_\_ 3. **SENIOR:** (Single member or at least one family member must be over the age of 70)
- \_\_\_\_\_ 4. **STUDENT:** (Under 25 years of age, unmarried, non-family member)

Amount enclosed:

Initiation Fee: \$200 (One time fee; not required for Student Membership.)

*Initiation fee must be repaid if membership has lapsed for more than three years.* \$ \_\_\_\_\_

Reinstatement Fee: \$150. *Required for any membership that has lapsed more than one year and less than three years.* \$ \_\_\_\_\_

Family Membership Dues: \$150 per year \$ \_\_\_\_\_

Single Membership Dues: \$125 per year \$ \_\_\_\_\_

Senior Membership Dues: \$125 per year \$ \_\_\_\_\_

Student Membership Dues: \$50 per year \$ \_\_\_\_\_

**Total Enclosed: (Make check payable to: Ephraim Yacht Club)** \$ \_\_\_\_\_

**Mail completed application and check to:**

**Ephraim Yacht Club, Inc.  
c/o Nancy L. Claypool  
712 Constantinople Street  
New Orleans, LA 70115**