



MENTOR HARBOR YACHTING CLUB  
MENTOR, OHIO

**MEMBERSHIP APPLICATION**

Once approved for membership at Mentor Harbor Yachting Club you will be notified. To activate your membership, please complete the following form and submit to Membership.

I have chosen the following membership class:

Full \_\_\_ Yachtsman \_\_\_ Social \_\_\_ Junior \_\_\_  
Summer Fun \_\_\_

I agree to pay all fees and dues, in full, and agree to abide by all Club Rules and regulations, Constitution and By-Laws.

If married or have a significant other please provide their birthdate  
(office use only) \_\_\_\_\_

Children:

Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_

Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_

Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_

Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_

Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING**

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

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

Cell No. \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

# Years Employed: \_\_\_\_\_

Married \_\_\_ Single \_\_\_ Significant Other \_\_\_

Spouse/ICE Name \_\_\_\_\_

Spouse/ICE Cell No. \_\_\_\_\_

Spouse/ICE E-mail \_\_\_\_\_

How do you prefer your MHYC Communications and statements?

Email \_\_\_\_\_ US Mail \_\_\_\_\_ Both \_\_\_\_\_

How would you like your \$750.00 food minimum billed?

May thru September at \$150.00 per month \_\_\_\_\_

March thru December at \$75.00 per month \_\_\_\_\_

Do you own a boat \_\_\_ YES \_\_\_ NO

Do you plan to maintain a boat in the harbor? \_\_\_\_\_

Boat Name \_\_\_\_\_

Power, Sail or PWC \_\_\_\_\_

Registration # \_\_\_\_\_

Auxiliary – Sail \_\_\_\_\_

Length overall \_\_\_\_\_ Beam \_\_\_\_\_ Draft \_\_\_\_\_

Are you interested in learning more about the Cruising Fleet? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you know or were you referred by someone? If so, who?

\_\_\_\_\_

Members have the opportunity to be on committees, would you be interested in any of the following committees?

\_\_\_\_\_ Harbor \_\_\_\_\_ House \_\_\_\_\_ Membership  
\_\_\_\_\_ Entertainment

I understand by completing this application, I agree to all terms and conditions of membership in the Mentor Harbor Yachting Club inclusive of the provision of any other information, consent, and releases required for membership, that I am able to make contracts in the State of Ohio, that I certify that I am 18 years of age or older, and that I have provided Mentor Harbor Yachting Club with truthful and complete information where requested to do so as part of the membership process.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_