



**PORT LUDLOW YACHT CLUB
MEMBERSHIP APPLICATION**
TYPED APPLICATIONS ARE PREFERRED.
 DOWNLOAD THIS FORM ON-LINE AT PLYC.US,
 FILL OUT, THEN PRINT FOR SIGNATURE.
 (IF HANDWRITTEN, PLEASE USE BLACK INK.)

DATE: _____

APPLICANT: FIRST NAME: _____ LAST NAME: _____

SPOUSE/PARTNER: FIRST NAME: _____ LAST NAME (IF DIFFERENT): _____

NAME TAGS TEXT: APPLICANT: _____ SPOUSE/PARTNER: _____

(THIS IS HOW YOU WANT YOUR NAMES ON YOUR NAMETAGS TO READ)

PHONES: HOME: _____ CELL: _____ SPOUSE/PARTNER CELL: _____

MEMBER EMAIL: _____ SPOUSE/PARTNER EMAIL: _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

VHF OR HAM RADIO CALLSIGNS: APPLICANT _____ SPOUSE/PARTNER _____

DO YOU OWN PROPERTY IN PORT LUDLOW OR IN THE VICINITY? YES NO

SNOWBIRD ADDRESS _____ CITY _____ STATE _____ ZIP _____

SNOWBIRD HOME PHONE _____

IF YOU OWN A BOAT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BOAT NAME: _____ LENGTH (FT): _____ COLOR: _____

BOAT TYPE (CHECK ONE) POWER SAIL ELECTRIC HUMAN

BOAT BUILDER: _____ MODEL: _____ MMSI# _____

DOCK/SLIP NUMBER IN PORT LUDLOW MARINA OR OTHER LOCATION: _____

RETURN COMPLETED APPLICATION TO THE PORT LUDLOW YACHT CLUB SECRETARY:

PORT LUDLOW YACHT CLUB
 ATTN: SECRETARY
 P.O. Box 65338
 PORT LUDLOW, WA 98365-0338

OR HAND DELIVER TO THE WRECK ROOM (WHEN OPEN)
 55 HERON ROAD
 PORT LUDLOW, WASHINGTON
 (NOT A MAILING ADDRESS)

SEE THE WEBSITE FOR ADDITIONAL INSTRUCTIONS. THE APPLICATION WILL TAKE APPROXIMATELY TWO MONTHS TO PROCESS. IT WILL BE PRESENTED AT THE NEXT BOARD OF DIRECTORS MEETING, HELD THE SECOND WEDNESDAY OF EACH MONTH. AT THE SECOND BOARD MEETING, YOUR APPLICATION WILL BE VOTED ON FOR APPROVAL. YOU SHOULD THEN PLAN TO ATTEND THE NEXT PLYC EVENT, AT WHICH TIME YOU WILL BE INTRODUCED TO THE MEMBERSHIP AND RECEIVE YOUR MEMBERSHIP CARDS, BURGEE, CLUB DIRECTORY, SCHEDULE OF EVENTS, AND BY-LAWS.

PLYC USE ONLY:

1ST READING DATE: _____ 2ND READING DATE: _____ MEMBERSHIP #: _____

USE AN ADDITIONAL PAGE, IF NECESSARY, TO RESPOND TO THE FOLLOWING:

1. TELL US ABOUT YOURSELF/YOURSELVES:

2. TELL US ABOUT YOUR BOATING BACKGROUND AND EXPERIENCE:

3. PLEASE DESCRIBE YOUR VESTED INTEREST IN THE PORT LUDLOW AREA OR ENVIRONS:

4. THE CLUB IS A VOLUNTEER ORGANIZATION THAT DEPENDS ON THE SKILLS OF ITS MEMBERS. VOLUNTEERS ORGANIZE ALL THE ACTIVITIES (CRUISES, SOCIAL EVENTS, WRECK ROOM, ETC.). THE CLUB'S SUCCESS IS A DIRECT REFLECTION OF YOUR VOLUNTEERING SPIRIT. PLEASE CHECK ANY SKILLS THAT YOU WOULD BE WILLING TO CONTRIBUTE TO THE CLUB.

<input type="checkbox"/>	ACCOUNTING	<input type="checkbox"/>	DOCUMENT PUBLISHING	<input type="checkbox"/>	PHOTOGRAPHY
<input type="checkbox"/>	BARTENDING	<input type="checkbox"/>	EDITING	<input type="checkbox"/>	PURCHASING
<input type="checkbox"/>	COMPUTERS	<input type="checkbox"/>	EVENT PLANNING	<input type="checkbox"/>	TRAINING
<input type="checkbox"/>	COOKING	<input type="checkbox"/>	GRILLING	<input type="checkbox"/>	WEBSITE MANAGEMENT
<input type="checkbox"/>	CRUISE PLANNING	<input type="checkbox"/>	HANDYMAN	<input type="checkbox"/>	WRITING
<input type="checkbox"/>	DATABASE MANAGEMENT	<input type="checkbox"/>	LAW	<input type="checkbox"/>	
<input type="checkbox"/>	DECORATING	<input type="checkbox"/>	MANAGEMENT	<input type="checkbox"/>	OTHER:
<input type="checkbox"/>	DRAWING	<input type="checkbox"/>	MARKETING	<input type="checkbox"/>	_____

A LETTER OF RECOMMENDATION WRITTEN BY ONE OF YOUR SPONSORS MUST ACCOMPANY THIS APPLICATION, ALONG WITH YOUR CHECK, PAYABLE TO PLYC, FOR \$1705 (INITIATION FEE OF \$1,250 PLUS THE FIRST YEAR'S DUES OF \$455). YOUR CHECK WILL BE CASHED WHEN YOUR MEMBERSHIP IS APPROVED.

APPLICANT(S) SIGNATURES: _____

SPONSORING MEMBERS:

PRINT NAME: _____

SIGNATURE: _____

PRINT NAME: _____

SIGNATURE: _____

NOTE: APPLICANTS WHO TENDER THEIR ANNUAL DUES (AFTER THE SECOND READING) IN THE LAST QUARTER THE YEAR WILL HAVE THOSE DUES APPLIED TO THE DUES FOR THE FOLLOWING YEAR.

(REV. 2/9/2022)