



Return to: MCYC Secretary
50990 Dike Rd.
Scappoose Or 97056

Name _____ Date of Birth ____ / ____
Spouse's Name _____ Date of Birth ____ / ____ (Month-Day)
Address _____ Anniversary ____ / ____
City _____ State ____ Zip _____
Occupation _____
Spouse's occupation _____
Phone (H) _____ Work (His) _____ Work (Hers) _____
Cell (His) _____ (Hers) _____
e-mail: _____

Children (under 18)
Name _____ Date of Birth ____/____/____
Name _____ Date of Birth ____/____/____
Name _____ Date of Birth ____/____/____

Boat Name _____ Make _____ Length _____ Type _____

Other Hobbies or Talents: _____

Applicant must attend two (2) meetings and one (1) function, either a party or a cruise, before being considered for acceptance.

Initiation Fee - \$125; Annual Dues - \$225; Vouchers - \$60 per adult member

Applicant must understand and agree to the following two (2) Club requirements:
1. Participate in Opening Day Parade
2. Host a party or help give one.

By signing this request for membership I (we) agree to abide by all MCYC By-Laws and Rules and Regulations as stated in the current MCYC Roster.

Applicant Signature: _____

Sponsored By (1) _____

Sponsored By (2) _____

Membership Committee Interview and Recommendations

_____ Yes _____ No