

Fayerweather Yacht Club, Inc.

APPLICATION FOR MEMBERSHIP

Application # _____



51 Brewster Street
Black Rock
Bridgeport, CT 06605

I, _____, hereby make application for membership in
Print Full Legal Name as it Appears on Drivers License

Fayerweather Yacht Club, Inc. ("FYC").

Maiden Name or other names: _____ Date of Birth: _____
mm/dd/year

Address*: _____ City: _____ State: _____ Zip: _____

Home Phone*: _____ Business Phone*: _____ Email Address*: _____
Cell Phone: * _____

Employer*: _____ Job Title/Occupation*: _____

Boat Owner? Yes / No If yes, Power _____ Sail _____ Size _____ Make _____

Which organizations are you, or have you been, a member of? _____

Have you previously applied for membership or have you ever been a member of FYC? _____ If so, when:

Sponsoring Member: (1) _____
Print Sponsor's Name Sponsor's Signature phone number Date of Signature

Sponsoring Member: (2) _____
Print Sponsor's Name Sponsor's Signature phone number Date of Signature

Sponsors: How long have you known the applicant? (1) _____ (2) _____

Other members known by applicant: _____
Print Names

If elected to membership, I agree to abide by all the rules and regulations of the Club.

I understand that none of the privileges and benefits of membership in the organization will be accorded to me unless and until I am duly elected as a member.

I understand that this is an application for an *individual* membership.

I understand that a background check will be conducted. Please see attached authorization form from LPSC, LLC.

I understand that I may withdraw this application and the fee tendered herewith at any time prior to my election to membership, with the exception of any fee for the background check.

I also understand that if I am not successfully voted into the Fayerweather Yacht Club, there will be a (1) One Year moratorium before I may re-apply for new membership.

Signature Date

Application Fee: \$225.00
10% State Tax: \$22.50
Background Check*** \$50.00
Total Due w/Application \$297.50

Received by Financial Secretary

Date Received

***Nonrefundable

Approved by Membership Committee: _____
Committee Member Date

Date Elected

Membership Number



I hereby authorize L.P.S.C. LLC. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for membership purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; and any other public records.

I hereby release L.P.S.C. LLC. and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

Print Name: _____

Maiden Name (If Applicable): _____

Current Address: _____

Previous Address: _____

Date of Birth: ____/____/____

Telephone number: _____

Signature: _____

*Information is kept completely confidential and never shared with any third party vendors.

Send Responses to: MDeBiase@LPSCservices.com or Fax to 203.549.0816