



FAYERWEATHER YACHT CLUB, INC.
APPLICATION FOR MEMBERSHIP

Fayerweather Yacht Club

51 Brewster Street
Bridgeport, CT 06605
203.576.6796

Application #: _____

I, _____
(Print full legal name as it appears on your driver's license)* am applying for membership to Fayerweather Yacht Club, Inc. ("FYC")

Maiden Name or other names*: _____

Spouse of Partner Name*: _____

Date of Birth*: _____ (mm/dd/yyyy)

Address*: _____

City/Town*: _____ State*: _____ Zip*: _____

Home Phone*: _____ Cell Phone*: _____

Business Phone: _____

Email Address*: _____

Employer*: _____ Title/Occupation*: _____

Boat Owner*: YES NO If yes, circle type: Power Sail Size

Make: _____ Name of Boat*: _____

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*? YES NO

If yes, when*? _____

*All * fields are mandatory in order for this application to be processed.*

Rev. 01/2025



FAYERWEATHER YACHT CLUB, INC.
APPLICATION FOR MEMBERSHIP

Sponsoring Member*: (1) _____
(Please Print)

How long have you known the applicant? _____

Sponsor 1 Signature*: _____ Date*: _____

Sponsoring Member*: (2) _____
(Please Print)

How long have you known the applicant? _____

Sponsor 2 Signature*: _____ Date*: _____

Other members known by applicant: _____

-
- 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 sign the attached authorization form.
 - I understand that I may withdraw this application and the fee tendered here with at any time prior to my election to membership, with the exception of any fee for the background check.
 - I further understand that if I'm not successfully voted into the Fayerweather Yacht Club, there will be a one (1) year moratorium before I may reapply for membership.

Applicant Signature*: _____ Date*: _____

Application Fee:	\$409.10
10% Dues Tax:	\$40.90
Background Check***	\$50.00
Total Due with Application:	\$500.00

*** Non-Refundable

Received by the Financial Secretary

Date Received

Approved by the Membership Committee:

Committee Member: _____ Date: _____

Date Elected: _____

*All * fields are mandatory in order for this application o be processed.*

Rev. 01/2025



REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

I: _____
 LAST NAME **FIRST NAME** **MIDDLE NAME** (PLEASE INCLUDE Jr., Sr., II, III Etc.)

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

Understand that in conjunction with my application for membership, **Fayerweather Yacht Club**, ('the club') will use the services of an outside agency to research and verify the information I have provided on my application for membership including my personal and/or criminal background, character, professional standing, work history, and qualifications. This agency will provide a report to 'the club'. 'The club' uses *Human Resource Management Concepts, LLC, (HRMC) a consumer-reporting agency*, as an agent to perform background verifications.

HRMC will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references.

I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to 'the company' and HRMC and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation.

According to the Fair Credit Reporting Act, I will be notified by 'the club' if membership is denied whole or in part because of information obtained from a Consumer Reporting Agency. Additionally, I understand that I have a right to obtain a copy and review any derogatory information contained in my report. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: *HRMC, 3074 Whitney Avenue, Bldg. 2, Hamden, CT 06518, 866-957-2892.*

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signed _____		Today's Date _____	
Printed Name _____		Position Applied For _____	
_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth	_____-_____-_____-_____-_____-_____ Driver's License Number	_____ Issuing State
Phone Number: _____		Email Address: _____	
Other names you have used or are also known as: _____			

Current Address: _____
 Street Apt.# City State Zip Code How long here?

Previous Address: _____
 Street Apt.# City State Zip Code How long here?

May we contact your current employer? _____Yes _____No

Employer Use Only—Please indicate which services to perform.

- | | | |
|--|--|---|
| <input type="checkbox"/> State Criminal History Check | <input type="checkbox"/> SSN Verification | <input type="checkbox"/> Motor Vehicle Record Check |
| <input type="checkbox"/> National Criminal History Check | <input type="checkbox"/> Employment Verification | <input type="checkbox"/> Sex Offender Search |
| <input type="checkbox"/> Education Verification | <input type="checkbox"/> Drug Test | |
- Questions:
Email: droberts@hireHRMC.com

Please note: when requesting an **education verification** you must provide the name of the educational facility, state in which it is located, dates of attendance and degree obtained—for **employment verifications**, please provide the employers name, address, dates of employment and last job title.