



## Fayerweather Yacht Club, Inc.

### APPLICATION FOR MEMBERSHIP

Fayerweather Yacht Club  
51 Brewster Street  
Bridgeport, CT 06605

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\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ (mm/dd/year)

Spouse or Partner name (if applicable)\*: \_\_\_\_\_

Address\*: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone\* \_\_\_\_\_

Home Phone\*: \_\_\_\_\_ Business Phone\* \_\_\_\_\_

Email Address\* : \_\_\_\_\_

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

Title/Occupation\*: \_\_\_\_\_

Boat Owner?\* Yes/ No (check 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? \*

If so, when: \_\_\_\_\_





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](mailto:MDeBiase@LPSCservices.com) or Fax to 203.549.0816