

Fayerweather Yacht Club, Inc.

APPLICATION FOR MEMBERSHIP

Fayerweather Yacht Club 51 Brewster Street Bridgeport, CT 06605 Application #

Fayerweather Y	acht Club,	Inc. ("FYC").			applying for membership to	
Maiden Name o	r other nan	nes*:				
Date of Birth*:_		(mm/dd/year)				
Spouse or Part	ner name ((if applicable)	·			
Address*:			City:			
State:	Zip: _	C	ell Phone*			
			Business Phone*			
Email Address*	:					
Employer*: _						
Title/Occupation	ı*:					
	Yes/ No	(check type)	Power	Sail	Size	
Boat Owner?*		Name o	f boat*:			

Sponsoring Member*: (1	1)			
Print Sponsor's Name	Sponsor's Signature	Phone Number	Date of Signature	
How long have you know	wn the applicant?			
Sponsoring Member*: (2	2)			
Print Sponsor's Name	Sponsor's Signature	Phone Number	Date of Signature	
How long have you know	wn the applicant?		-	
,	y applicant:			
	gree to abide by all the rules a			
	privileges and benefits of mer	-		nless and
I understand that this is an ap	plication for an <i>individual</i> me	embership.		
I understand that a backgroun	d check will be conducted. Pl	ease sign the attached a	uthorization form.	
	raw this application and the fe on of any fee for the backgrou		any time prior to my election	to
	not successfully voted into the		Club, there will be a (1) One Y	'ear
Signature			Date	-
Application Fee: 10% State Tax:	\$225.00 \$22.50			
Background Check* **	\$50.00			
Total Due w/Application	on <u>\$297.50</u>			
		Received	by Financial Secretary	
*** Nonrefundable		Date Rece	ived	
Approved by Membership Co	ommittee:			
Committee Member			Date	
Date Elected		Membersh	ip 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