SWAMPSCOTT YACHT CLUB.

SwampscottYachClub.org ** 781-598-9273 ** P.O. Box 12, Swampscott, MA 01907(Historic Fish House,425 Humphrey St.).

******2017 ANNUAL DUES FORM 2017.******

ALL MEMBERSHIPS EXPIRE DEC. 31 AND RENEW JAN. 1.

REQUIRED YEARLY FEE:

□ **ANNUAL DUES** **Member dues:** **$ 400**
Early-pay discount effective through Jan. 31--
current members only: **$ 370**

OPTIONAL YEARLY FEES:

□ **LAUNCH SERVICE:** **$ 400**
□ **SPOUSAL DUES (required if spouse frequents Club and Club activities; includes spousal launch if you paid Launch Service):** **$ 50**
□ **JUNIOR DUES only (age 16-21):** **$ 25**
□ **JUNIOR DUES plus LAUNCH (age 16-21) (only if *you* have paid Launch Service):** **$ 50**
Juniors at 21st birthday may apply for full membership; then application fee waived with three consecutive years' paid membership.

LATE FEES:

□ **DUES (except new members--eff. March 1):** **$ 60**

Current Members: All fees are due in January. If payment is not received by April 15, membership will be revoked and Keycard access deactivated on April 16.
New Members: All fees should be paid within a week of Board's notification of membership.

KEYCARDS: **1. Send defective card to Secy. to receive free new card. Keycards free to new members.**
2. Promptly notify Secy. of lost card to remove from security system; replacement is $10.

TOTAL ENCLOSED: Or check here □ if paid by PayPal.* **$ _____**

Find PayPal info on SYC website. Add 5% service charge. Please mail or put completed Dues form in Club Box, especially to update boat and other info.

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Please attach business card(s) if possible.

NAME (please print): _____ D/O/B: _____

OCCUPATION OR FIELD: _____

EMAIL: _____ YEAR JOINED: _____

MAIL ADDRESS: _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

SPOUSAL MEMBER: _____ (Cell) _____

Junior Member(s): d/o/b and date of join required (for future regular membership eligibility).

JUNIOR MEMBER #1: _____ D/O/B: _____ Joined: _____

JUNIOR MEMBER #2: _____ D/O/B: _____ Joined: _____

Please fill in boat info. if in Swampscott harbor *whether or not* receiving Launch Service.

BOAT NAME: _____ (VHS Ch. 10.)

REGISTR. NO.: _____ CO-OWNER NAME (IF ANY): _____

TYPE: (Sail) (Motor) (other). MAKE, COLOR: _____

PLEASE MAIL FORM & CHECK PAYABLE TO SYC (or note on Dues form "paid by PAYPAL") TO:
Judy Dawes, SYC/DUES, Two Dilisio Road, Swampscott, MA 01907, OR LEAVE IN CLUB'S LOCKED MAILBOX.

YOUR SIGNATURE: _____ **Date: ____/____/17.**

1/16/17.