

2025 Membership Application

Membership Catego	ory you are applying for (check one):
☐ Active (Boating)	Member Associate (Social) Member
Date of Application:	:
Name of Applicant:	Age:
Home Address:	
City:	State: Zip:
Preferred Email:	
(For MYC notices – we do not sha	
Check box if you do delivery.	not have an email address and require USPS mail
Phone:	
Name of Spouse or D	omestic Partner (if applicable):
similar to marriage, have live	s a person with whom you share a monogamous relationship d in the same household for at least one year, share financial and neither of you are married to another person.
Please list the MYC	member who referred you (if any):
Name:	
	n less than 22 years of age residing in your ntitled to membership privileges.)
□ No □ Yes (If y	ves, enter their information below.)
Name:	Age:
Name:	Age:
Maraa	A

Do you have children 22 years joining MYC?	or older who may be interested in
	eir information below.)
Name:	Age:
Name:	Age:
Name:	Age:
Boaters	
Name of Boat:	Make:
☐ Power ☐ Sail	
Length: Mooring #: Other Loca	ation:
-	
Please return this completed applicate payable Marblehead Yacht Club and Marblehead Yacht Club P.O. Box 943 Marblehead, MA 01945	•
Once approved, you will receive the w in the mail. Please email marblehead	elcome package and membership card lyc@gmail.com with any questions.
For Membership Committee:	
Approved by:	Date:
Payment Received:	