## OMENA-TRAVERSE YACHT CLUB

## <u>APPLICATION FOR SINGLE/FAMILY GUEST MEMBERSHIP</u> \*\*Due no later than April 1\*\*

*Applicant ("1")			*Co-Applica	nt ("2")			
*Prefer to be call	ed		*Prefer to be	called			_
Occupation			Occupation				-
*Summer: PO Bo	x Address						
Street	Address						
Summ	ner Phone		* Preferred	Cell Phone		"1"	"2"
							_
Winte	r Phone						
* ONLY 1 emai	l address in the	e Membership Dir	rectory: Select	"1" or "2" to be	included in t	he Directo	ry
Email address ("2	2")			Receive Scuttlel	outt email:	Y or	N
*Names of Child	ren under 26	Date of Birth	*Name	es of Children und	er 26 Date	of Birth	
(*) information w				y and phone direct			
Recommending S Recommendatio	its, hereby conf Sponsors. In do <b>n.</b> The Sponso	ing so, they each r Letters may be s	agree to comple sent with this co	Members have ag ete <b>the required S</b> empleted Applicati ors cannot be relat	<b>Sponsor Lett</b> ion, or separa	er of ately, and a	
Names of Recom	mending Spon	sors (2 required):					
1							
2.							

1 3/24/2021

	Applica	nt's name
The OTYC is run by volunteers indicate those activities in which you a committee chair or helper:	and is only as strong as those who so re willing to volunteer your time, ene	
Memorial Weekend Cocktail Party	Youth Program	Catered Dinners
June Gardening Day (Site Cleanup and Planting)	Tennis	Special Programs and Events
June Opening Dinner	Breeze Newsletter	Ladies' Luncheon
4 <sup>th</sup> of July Picnic Or Cocktail Party	Waterfront	Clubhouse Maintenance (Cleaning, Supplies, Housekeeping)
Labor Day Cocktail Party	Potluck Dinners	Logo Item Sales
It is anticipated that Guest Men	nbers will be active participants in all	facets of Club life. Please note any

specific skills or interests that you believe would be beneficial to the OTYC.

2. Do you have any historic or familial connection in and around the Omena area? If so, please explain.

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	Applicant's name
3.	How much time do you anticipate being in the Omena area each year, from June to early September, when most of the activities at the OTYC take place?
4.	As the Club will benefit from your active involvement, what benefits to do you hope to derive from Membership?
5.	Please share any other information about you and your family that would be helpful in our getting to know you.

participate in activities and Club duties, and meet at least three Board members. Full Adult Membership will not be considered unless the Applicant has met three or more members of the Board during their Guest Membership season.

During the Guest Member season, it is expected that the Applicant will attend numerous functions and events,

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By our signatures below, we agree that we shall respect the acknowledge that we have read all the Application Package by the OTYC Bylaws, regulations, and policies included to	ge documents and agree that we shall observe and abide
Applicant Signature	Date
Co-Applicant Signature	Date
The completed Application, two Sponsor Letters of Record Chair at the address below <b>no later than April 1</b> . Application has been received. Should the Applicant	ants will be notified within one week of submission that
upon the Applicant to re-contact the Membership Chair fo	not receive notice within one week, it is incumbent or confirmation of receipt.
	or confirmation of receipt.  e billed for dues (\$355.00 Family/\$185 Single). <b>Send</b> MI 49674. Note: Your Guest Membership is not
upon the Applicant to re-contact the Membership Chair for Upon acceptance as an OTYC Guest Member, you will be payment to: OTYC Treasurer, P.O. Box 103, Omena,	or confirmation of receipt.  e billed for dues (\$355.00 Family/\$185 Single). <b>Send</b> MI 49674. Note: Your Guest Membership is not

Applicant's name \_\_\_\_\_

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Date Received: \_\_\_\_\_\_, Membership

Approved by the Board: