



Ashtabula Yacht Club

PO Box 225
Ashtabula Oh 44005-0225

440-964-3129
Aycohio22@gmail.com

Dear Prospective Full Member

Attached is an application form for full membership to the Ashtabula Yacht Club. You should follow these few instructions and return the application to the Secretary without delay.

1. Completely fill out the form. Applicants must be sponsored by one AYC member in good standing.
2. An application fee of \$200.00 plus \$13.50 sales tax, plus a \$50 background check fee (total of \$263.50) must accompany the application. This fee is nonrefundable. A background check is required and is paid by AYC out of these fees. Please complete and return the attached release form for each person applying for membership.
3. Upon approval of your application by the membership, you will be billed by the Treasurer for the initiation fee, Two Thousand dollars (\$2,000.00) plus \$135.00 sales tax. The two hundred dollars (\$200.00) application fee will be credited towards the initiation fee if paid in a lump sum. The application fee will not be credited towards the initiation fee if the applicant elects to pay over a period of two years in minimal payments of \$500.00 per year. Installment payments shall entitle the new member for dock privileges but shall not entitle such member to either voting privileges or an equity interest in the club until fully paid. The initiation fee is also nonrefundable.
4. The Treasurer will also invoice you for your membership dues. The annual dues are \$785.00 plus \$52.99 sales tax and will be prorated based on the time of year of your application.
5. In addition, members pay assessments which fund capital improvements. Assessments are \$920/year. Assessments are prorated based on the time of year of your application.
6. Dockage is billed at \$20.00 per foot based on Length Overall (LOA). Dockage is not prorated.

The above fees are subject to change without notice

Sincerely,

BOG Secretary



ASHTABULA YACHT CLUB
P.O. BOX 225
ASHTABULA, OH 44005-0225
APPLICATION FOR FULL MEMBERSHIP

Name of applicant/spouse (if applicable) _____

Address of applicant _____

City/State _____ Zip _____ Primary Email _____

Phone Number _____ Phone Number _____

Place of employment _____ Years with employer _____

Boat Registration # _____ Insurance Carrier / Policy # _____ / _____

Type of boat _____ Name _____ Length _____ Beam _____ Displacement _____ Draft _____

Boat Power Requirements (Check One): ☐ 1 @ 30 Amps ☐ 2 @ 30 Amps ☐ 2 @ 50 Amps ☐ Other _____

Years of boating experience: ☐ Power _____ yrs. 20-30'LOA _____ yrs >30'LOA ☐ Sail _____ yrs. 20-30'LOA _____ yrs >30'LOA

Have you been a member of another Yacht Club _____ If so, when and which one _____

Initiation Fees w/ tax: (check one): ☐ One Time Payment (Voting) of \$2135.00 ☐ Four Semi-Annual Installments of \$533.75

Names, addresses and phone numbers of three references who can verify your good character, honesty, and reliability

Name/signature of an AYC member proposing membership: _____

Have you ever been convicted of any crime _____ If so explain _____

By his or her signature, the applicant acknowledges that the AYC Board of Governors has complete discretion on the admittance or denial of any membership applications. There is a onetime non-refundable initiation fee in the amount of \$2,000.00 plus sales tax, of which the sum of \$200.00 plus \$13.50 tax plus \$50 background check fee = \$263.50 must be paid with this application and the remaining amount within 15 days of acceptance. All docks are assigned on the basis of seniority and other factors and the BOG cannot guarantee any new member a dock assignment. Winter storage of vessels is allowed only upon admittance into the Club and full payment of initiation fees and annual dues.

The applicant further agrees to be bound by the terms and conditions of the AYC Constitution, its Bylaws and regulations, and the rules and regulations promulgated by the Board of Governors.

Applicant's Signature: _____	Date _____
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Please return the completed application and a check in the amount of \$263.50 to:

Ashtabula Yacht Club
P.O. Box 225
Ashtabula, OH 44005-0225

Following to be completed by the Secretary:

Date Application Received:	Date Posted:	Date Approved:	
Application fee including 6.75% sales tax (with application):	\$	Nonrefundable:	Paid On:
Initiation fee including 6.75% sales tax:	\$	Notes:	Paid On:
Dues including 6.75% sales tax :	\$		Paid On:
Assessments:	\$		Paid On:



ARMOR RISK MANAGEMENT, LLC
Applicant Release
Notification and Authorization

I, _____, residing at

For the last _____ (Years / Months), have applied for membership at the Ashtabula Yacht Club.

I have been instructed and understand that a representative of Armor Risk Management, LLC will be conducting a thorough background investigation of my past to assist in determining my eligibility for this membership.

I realize that, in conducting this background investigation, representatives from Armor Risk Management, LLC will be making inquiries of: police or courts with whom I may have an arrest or conviction record; credit bureaus and/or firms who may have information regarding my credit record, financial standing; and other financial information including, but not limited to, federal, state, city, and school district tax returns; present and previous employers; and other persons who may be able to provide information about me to Armor Risk Management, LLC.

The position for which I am being considered requires me to consent to a Criminal Background Investigation as a condition of membership. This Investigation includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county, state and federal levels of every jurisdiction where I currently reside or where I have resided during the past 10 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby expressly release and waive all provisions of state and federal law which may forbid the disclosure of information from any court, police agency, government agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested by a representative of Armor Risk Management, LLC. I further consent that the Armor Risk Management, LLC be provided with a copy of any such record concerning me upon request.

I authorize Armor Risk Management, LLC to conduct the criminal background Investigation described above. In connection with this, I also authorize the use of private background check organizations to assist Armor Risk Management, LLC in collecting this information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to membership. Such information will be used to determine whether the results of the background Investigation reasonably bear on my trustworthiness or my ability to perform the duties of my position.

I recognize the right of Armor Risk Management, LLC to treat, at it’s discretion, certain sources of information as confidential, and it’s right to withhold from me or my agent the names of such confidential sources and information obtained therefrom.

I further release, discharge and exonerate Armor Risk Management, LLC and it’s representatives, including the Membership of the Ashtabula Yacht Club, and any person, agency, company, organization, or firm furnishing information from any and all liabilities of every nature arising out of furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of Armor Risk Management, LLC.

I understand that any falsification or omission of information may disqualify me for this membership and/or may serve as grounds for the severance of my membership with The Ashtabula Yacht Club. By signing below, I hereby provide my authorization to the Ashtabula Yacht Club or an authorized representative to conduct a criminal background Investigation within one (1) year of its date.

Signature of Applicant:

Date:

Printed Name:

Current Address:

Date of Birth:

Social Security Number

Phone Numbers: (Cell)

(Home)

(Work)

Signature of Witness: