



2025 MEMBERSHIP APPLICATION

Charleston Yacht Club Charleston SC
27 Lockwood Drive 29401 PO Box 20474 29413
office@charlestonyachtclub.com www.charlestonyachtclub.com
Office: 843 722 4968

PLEASE PRINT NEATLY:

Member Name: _____ Spouse Name: _____

Address: _____ Spouse Address [if different]: _____

Email Address: _____ Spouse Email: _____

Home/Cell #: _____ Spouse Home/Cell#: _____

Date of Birth: _____ Spouse Date of Birth: _____

Occupation: _____ Spouse Occupation: _____

Employer: _____ Spouse Employer: _____

Marital Status: ☐ Single ☐ Married

Children: (Name/Age) _____

How did you learn about the Charleston Yacht Club? _____

Business & Social Organizations: _____

Boat: ☐ Motor ☐ Sail Length _____ Name _____

☐ Motor ☐ Sail Length _____ Name _____

Main Interest: ☐ Cruising ☐ Fishing ☐ Sailing ☐ Social

I will assist with: ☐ Cruises ☐ Entertainment ☐ Fishing Tournament ☐ Regattas

☐ Yards/Docks ☐ Food/Beverage ☐ Family/Youth Events ☐ House Committee

Member of the ChYC in the past? ☐ No ☐ Yes If YES, date of membership _____

Reason for leaving: _____

Member of other yacht clubs? ☐ No ☐ Yes

Name and location of club: _____

If no longer a member, reason for leaving: _____

STATEMENT OF APPLICANT

(Your reasons for wanting to join the Charleston Yacht Club)

By submission of this application and upon acceptance by the Executive Committee, I agree to abide by the Rules and Bylaws of the Charleston Yacht Club and understand that the parking permit is restricted to activities associated with the Charleston Yacht Club. I also affirm that I have never been convicted of a felony or any crime.

The Charleston Yacht Club does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

Signature of Applicant: _____ Date: _____

*** STATEMENT OF SPONSOR * Required**
(Why applicant would make a good member)

Print Name

Signature

Contact #

Sponsor: _____

Endorser: _____

SPONSOR AND/OR ENDORSER MUST BE PREPARED TO APPEAR BEFORE THE MEMBERSHIP COMMITTEE ON BEHALF OF THE APPLICANT, IF REQUESTED.

**CHECK
BELOW**

Membership Options <small>Select Applicable Membership</small>	Initiation Fee <small>Due with completed application</small>	Dues <small>Paid Annually or Quarterly</small>	Minimum's <small>Can be used for events, merchandise or at lounge</small>
<input type="checkbox"/> REGULAR MEMBER <small>[within 50 miles of ChYC]</small>	\$2500	\$1350	Food & Beverage Minimum \$30 per month to be billed quarterly @ \$90.
<input type="checkbox"/> REGULAR FAMILY <small>[within 50 miles of ChYC]</small>	\$2500	\$1570 <small>Both spouses are Members 1 Parking Card, 1 Tab, 1 Vote</small>	Food & Beverage Minimum \$30 per month to be billed quarterly @ \$90.
<input type="checkbox"/> ASSOCIATE <small>[more than 50 miles from ChYC]</small>	\$2500	\$675	Food & Beverage Minimum \$15 per month to be billed quarterly @ \$45.
<input type="checkbox"/> ASSOCIATE FAMILY <small>[more than 50 miles from ChYC]</small>	\$2500	\$785 <small>Both Spouses are Members 1 Parking Card, 1 Tab</small>	Food & Beverage Minimum \$15 per month to be billed quarterly @ \$45.
<input type="checkbox"/> YOUNG ADULT <small>[21 - 30 years of age]</small>	\$1000	\$675	Food & Beverage Minimum \$15 per month to be billed quarterly @ \$45.
<input type="checkbox"/> YOUNG ADULT FAMILY <small>[21 - 30 years of age]</small>	\$1000	\$785 <small>Both Spouses are Members 1 Parking Card, 1 Tab</small>	Food & Beverage Minimum \$15 per month to be billed quarterly @ \$45.

☐ Please check here if you are a City Marina Slip Holder and save \$200 off Regular or \$100 off Associate/Young Adult Dues
* No Parking Card Provided by ChYC *

Member Type: _____ Amount Due: _____

Paid by Check/Visa/MasterCard/Discover/American Express #: _____

Expiration: _____ / _____ CVV: _____

*Card information is not stored. A 3.5% fee is charged to all card transactions.

FOR COMMITTEE USE ONLY

Initiation Fee Payment Attached: \$ _____ () Check () Visa () MC () Other

Date Application Received: _____ By: _____

Membership Committee Approved By: _____

Executive Board Approved: _____

1st Reading _____

2nd Reading _____

Letter Sent/Delivered _____ Membership Card # _____

Revised 1/02/25