



## Corinthian Yacht Club of Cape May

Post Office Box 260  
Cape May, New Jersey 08204

Thank you for your interest in the CORINTHIAN YACHT CLUB OF CAPE MAY.

All application paperwork will be presented to the Membership Committee. In the event that the Membership Committee acts favorably upon your application, your name and the name of your sponsor and seconder will be posted on the bulletin board at the Club House.

There is a required seven-day "posting" of your name as a proposed member within the Club. You will be notified of your status at the end of this period and an interview will be scheduled. Interviews will be conducted March & April with advanced notice and the first Sunday of May, June, July and August. If you are married, both husband and wife must join and attend the interview. Children are welcome. One or both of your sponsors should accompany you to the interview. If you have been approved for membership, you will be accorded the rights and privileges as a member of the Corinthian Yacht Club of Cape May upon payment of initiation fees (when applicable) and the annual dues.

Upon completion of the enclosed Proposed Member Information Form, please return it to your principal sponsor who will submit all forms to the Chairman of the Membership Committee:

Gail Wilsey Morrison  
304 Nantucket Dr  
Cape May, New Jersey 08204  
*gailwilsey@gmail.com*

### DUES:

Senior Member	Age 35 and up	\$485.00
Young Adult	Age 21 to 34	\$150.00
Junior	Age 8 to 20	\$103.00

Children under 10 years of age pay dues only if enrolled in sailing classes \* NJ Sale Tax applies to Dues and Initiation Fee

**MEMBER ASSESSMENT:** 15% of dues

**INITIATION FEE:** Non-refundable \$300.00

**CPI FEE:** Each Adult Applicant \$500.00 (May be paid at \$50.00/month)

The CPI Fee is refundable upon resignation from the club.

The Membership Committee may, at any time, request the sponsors to withdraw the name(s) of the proposed member(s) without stating any reason. A proposed member, accepted for membership on the basis of information later found to be false, may be requested to resign.

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Proposed New Members Signature

Date

By signing above, proposed member acknowledges that they have read the above membership process.

CYCCM MEMBERSHIP COMMITTEE Gail Wilsey Morrison 609-602-0405			
Wallace Barrie P.C. 884-2089	Michelle O'Donnell 610-842-4654	Mary Murphy 884-4146	
Kathleen (Cookie) Williams 602-2299	Patti Sullivan 718-619-2756		

# Corinthian Yacht Club of Cape May

## Sponsor Sheet

Name of proposed member(s):

Mr. \_\_\_\_\_

Mrs. ( ), Ms. ( ), Miss ( ), \_\_\_\_\_

Address \_\_\_\_\_

Zip code \_\_\_\_\_ Phone: winter ( ) \_\_\_\_\_ summer ( ) \_\_\_\_\_

We, having been members in good standing of the Corinthian Yacht Club of Cape May for at least one year, wish to sponsor the above individual(s) for membership.

We understand that as sponsors, it is our responsibility to: 1) Explain that the main purpose of Corinthian Yacht Club of Cape May as stated in our by-laws is "to encourage the sport and art of sailing and racing;" 2) Emphasize the tradition of volunteerism, and stress that this tradition has fostered a spirit of teamwork; 3) Assist the applicant(s) during the membership process, attend the interview held on their behalf, and introduce them to club members and activities.

We acknowledge that the Membership Committee may, at any time, request the sponsors to withdraw the name(s) of the applicant(s) without stating any reason. Proposed Member(s) accepted on the basis of information later to be found false may be requested to resign. According to the By-laws, both husband and wife must join.

Letters of support from both sponsors are mandatory and **must** accompany this sponsor sheet. Please return to:

Gail Wilsey Morrison  
CYCCM Membership Chairman  
849 Cape Avenue  
Cape May, New Jersey 08204  
(609) 602-0405, gailwilsey@gmail.com

\_\_\_\_\_  
(Signature of Sponsor # 1)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Signature of Sponsor # 2)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Upon receipt of this form and the letters of support, the Chairman of the Membership Committee will send information and appropriate forms directly to the applicant(s) to begin the membership process.

CYCCM MEMBERSHIP COMMITTEE Gail Wilsey Morrison 609-602-0405

Wallace Barrie P.C. 884-2089

Michelle O'Donnell 610-842-4654 Mary Murphy 884-4146

Kathleen (Cookie) Williams 602-2299

Patti Sullivan 718-619-2756

# Corinthian Yacht Club of Cape May

## Proposed Member Information Form

Please provide the information requested below (please print) and return to the Chairman of the Membership Committee: Gail Wilsey Morrison, 849 Cape Avenue, Cape May, NJ 08204  
[gailwilsey@gmail.com](mailto:gailwilsey@gmail.com)

### Proposed Member:

First name Initial Last name Birthdate

Occupation(s) \_\_\_\_\_

### Spouse:

First name Initial Last name Birthdate

Occupation(s) \_\_\_\_\_

### Proposed Dependents:

First name Last name Birthdate

1. \_\_\_\_\_

3. \_\_\_\_\_

First name Last name Birthdate

2. \_\_\_\_\_

4. \_\_\_\_\_

### Mailing Address

\_\_\_\_\_

\_\_\_\_\_

Phone number ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

### Other Address

\_\_\_\_\_

\_\_\_\_\_

Phone number ( ) \_\_\_\_\_

Email address spouse \_\_\_\_\_

Boat(s) owned (class and size) Principal user Boat Name(s) Sail #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which family members will sail or race? \_\_\_\_\_ Harbor? Y N Ocean? Y N

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Sailing Instruction desired? Y N by whom \_\_\_\_\_

When can you be reached while in Cape May? Weekends \_\_\_\_\_ During the week \_\_\_\_\_

What month(s) \_\_\_\_\_

Sponsors: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Phone number ( ) \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Volunteerism by our membership has been our Club's tradition and is important in maintaining the "Corinthian Spirit". Participation has always been the best way to make and enhance friendships. Equally important, it enables the expenses of the membership to be kept at a minimum. We welcome your support!

Please indicate how you would like to participate:

\_\_\_\_\_ Assist with Junior Activities

\_\_\_\_\_ Spring/Fall Work Weekends

\_\_\_\_\_ Event Decorating

\_\_\_\_\_ Assist with Social Events

\_\_\_\_\_ Member/Enrollment Activities

\_\_\_\_\_ Ship's Store Volunteer

\_\_\_\_\_ Race Committee (Ocean)

\_\_\_\_\_ Race Committee (Harbor)

\_\_\_\_\_ Yearbook Committee

\_\_\_\_\_ Yearbook Preparation

\_\_\_\_\_ Sailing Program

Other \_\_\_\_\_

\_\_\_\_\_  
(Proposed Member(s) Signature) (Date)

\_\_\_\_\_  
(Proposed Member(s) Signature) (Date)