



Osprey Yacht Club, Inc.

421 Albemarle Boulevard
Hertford, NC 27944

MEMBERSHIP APPLICATION

(All fields marked with an “” **MUST** be completed for your application to be approved)*

Primary Surname*: _____ Preferred First Name(s)* _____

Other Surname: _____ Preferred First Name: _____

Primary Phone*: _____ Primary Email*: _____
(One number only) (To be used for membership approval/renewal)

*To qualify for membership, an applicant **MUST** be the owner of a sailboat, power boat, or paddle craft such as a kayak, canoe, or scull, and **MUST** be the owner of property at the Albemarle Plantation in Hertford, NC. Fee payment **MUST** accompany this application: Application Fee: \$100, **PLUS** dues for the current year: \$50 (\$25 if application is dated between 7/1 and 9/30). **NOTE**: yearly membership begins on October 1, and **ALL** memberships end on the following September 30.*

Plantation Address or Lot Number*: _____

Type of boats owned* (Check **ALL** that apply): _____ Power, _____ Sail, _____ Paddle Craft

*If the **ONLY** craft you own is a paddle craft, please skip to the signature line at the bottom of this page. If not you **MUST** answer the following 2 questions.*

I wish to participate in the OYC Severe Weather Plan (SWP)*: Yes: _____, No: _____

I wish to participate in OYC organized cruises*: Yes: _____, No: _____

*If you answered **NO** to **BOTH** of the above questions please skip to the signature line at the bottom of this page.*

*If you answered **YES** to **EITHER** of the above questions you **MUST** provide the information on page 2 for each boat that will participate in the SWP and/or organized cruising events. Attach a separate page 2 for each boat you are registering.*

The number of attachments is*: _____

Signature*: _____ Date of Application*: _____ Check enclosed*: \$ _____

After completing this form and attachments as appropriate, attach your \$150 fee (\$125 between 7/1 & 9/30) in the form of a check payable to Osprey Yacht Club, Inc. Please deliver your completed application to the current Membership Chair: Phil DiPiazza, 109 Greenwood Court.

Attachment*: _____ of _____

If you indicated that you wish to participate in the SWP or organized cruising events you MUST provide the following information for each boat that may participate.

Member Name*: _____

Boat Mfg and Name*: _____ Propulsion*: _____
(Enter "No Name" as applicable) (Enter Gasoline, Diesel, or Sail as applicable)

Overall Length*: _____ Beam*: _____ Draft* _____
(Sailboats with movable keel, use keel up)

Boat Location*: _____ Shore Power Needs* 0 __, 30 __, or 50 __ AMP
(Dock and Slip Number or Plantation Homeowner Dock Address)

If you indicated that you wish to participate in the SWP you MUST complete the following as applicable for each participating boat.

In the event of an evacuation, this boat will be moved to*: Anchorage __, Trailer __.

If you indicated that your boat will be moved to a trailer please provide the following:

AP Storage Space #*: _____ Ball Size*: _____ Tow Vehicle Needed*: Yes __ No __

Your acceptance into the SWP is pending the identification of two Alternate Caretakers who are authorized to secure this boat as indicated on your behalf if an evacuation is mandated in your absence. You may submit an amended page if your alternates cannot be identified at the time of this application. It is strongly recommended that the owner provide operating instructions and procedures, and appropriate training to his/her designated caretaker(s).

1st Alternate Caretaker Name*: _____ Phone*: _____

2nd Alternate Caretaker Name*: _____ Phone*: _____

I have read the OYC Severe Weather Plan and I understand the Alert Codes and the actions required of me. I agree to and approve the evacuation plan for my boat as outlined in this, my SWP, including my Alternate Caretaker designations. I understand that the Dock Master **may** evacuate my boat from the AP Marina per the Slip Lease agreement if I, or my caretakers, fail to do so by the designated evacuation time.

Boat Owner(s) Signature(s)*

Date*