

# Cataract Yacht Club, Inc.

*A Reciprocal Member of the Yachting Club of America*



## New Member Application – 2024

(To be submitted to the Board of Directors for approval)

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Email Address 1(Primary for billing) \_\_\_\_\_

Email Address 2 \_\_\_\_\_

Occupation \_\_\_\_\_ Number of children under 21 years old \_\_\_\_\_

Is a Boat or Jet Ski slip requested? (\$200 deposit required to get on the waiting list, which will go towards the \$600 dock initiation fee once a slip is assigned)  YES or  NO

If yes, please provide information about your boat (Beam width / length and boat type)

\_\_\_\_\_

Please list one or more members that referred you to the Cataract Yacht Club

\_\_\_\_\_

Amount of payment included \$ \_\_\_\_\_ (Annual Dues are required with application)

**Make check payable to:**  
Cataract Yacht Club, Inc

**Visit our Website At:**  
[CataractYachtClub.org](http://CataractYachtClub.org)

**Mail Payments to:**  
Cataract Yacht Club, Inc.  
C/O Deeanna Duncan  
8118 Spring Valley Drive  
Plainfield, IN 46168