



**Beaconsfield Yacht Club**  
**Yacht Club de Beaconsfield**

**INTERMEDIATE MEMBERSHIP 2024**

SENIOR, ASSOCIATE, INTERMEDIATE members' spouses and their children (under the age of 21 and still at home) shall enjoy Club privileges.

**INTERMEDIATE:** INTERMEDIATES pay no ENTRANCE FEES. At age 30 they may become an ASSOCIATE MEMBER or a SENIOR MEMBER (boat owning). In the case of becoming a SENIOR MEMBER, ENTRANCE FEES at the year of joining are reduced by 10% per year of consecutive years as an INTERMEDIATE MEMBER (age 19-29 years).

Intermediate – 19 - 24 years	\$214.00
Intermediate – 25 - 29 years	\$323.00

Note: Age requirement by January 1<sup>st</sup> of current year.

**SUMMER BOATING (May 15 to October 15)**

Minimum charge for:

Dry Sail on Rack	\$129.00
Dry Sail on Ground	\$239.00
Dry Sail Catamaran	\$477.00

**WINTER STORAGE – SAME AS ABOVE**

**OTHER**

Locker Rental	\$28.00
Maintenance (Contractual, Repairs and Boat Handling)	\$68.00/hr

**BAR & DINING**

Minimum per Intermediate Membership per Season: \$55.00  
(Must be used prior to Sept 30<sup>th</sup> of the current year)



**Beaconsfield Yacht Club**  
**Yacht Club de Beaconsfield**

**INTERMEDIATE MEMBERSHIP APPLICATION**  
**PLEASE PRINT**

Name:			
Name of Spouse:			D.O.B : DD/MM/YEAR
Address:			
City:		Postal Code:	
Home Phone:		Business Phone:	
Home E-Mail:		Spouse E-Mail:	
Other phone:		Cell:	
Employer:		Occupation:	
# of Children Under 21:		# of Vehicles:	
(Kept private - for club notification only)		Date of Birth (d/m/y):	

List any previous yacht club affiliations:

I, the undersigned, request membership in the Beaconsfield Yacht Club and, if accepted, pledge to adhere to the by-laws and the regulations of the Club, a copy of which will be made available to me upon request.

I acknowledge that the Club has no responsibility, nor do they assume any responsibility for accidents, thefts, loss or damage of any nature, either on land or water. I enclose my check to cover my membership fee in accordance with the current rate schedule.

Date (d/m/y):		Applicant's Signature:	
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**(Office Use Only)**

Application Received (d/m/y):		By:	
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Approved by:		Date (d/m/y):		Member #:	