



AMACKASSIN CLUB MEMBERSHIP APPLICATION

For the 2024-2025 Season

557 Palisade Avenue, Yonkers, NY 10703

Phone: (914) 476-6460 Email: amackassin1888@gmail.com

Date: _____

APPLICANT INFORMATION

Primary Applicant's Name: _____ Date of Birth: _____

Address: _____ City: _____ State/Zip: _____

Phone (please include home, cell, work): _____

Email _____

Additional (Adult) Email if desired _____

Have you ever been a member of the Amackassin Club in the past?(YES/NO) When? _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number (home/cell): _____

Employer Information:

Employer: _____ Number of years employed: _____

Title/Position: _____

MEMBERSHIP TYPE

Please indicate the type of Membership you are applying for. Please refer to Page 2 of Application.

Single _____ Joint (2 persons) _____ Family (1-2 adults in house; + children) _____ Junior (21-25 years of age) _____

Please complete a line for each Family member that you are requesting to include in your Membership. Only one additional adult, or an adult family member (spouse, sister, brother, etc.) may be included in Joint and Family Memberships (*and must be members of the same household). Children of the family, that are 23 years or younger, may also be included. Please include of copy of ID for any/all adult applicants. **CHILDCARE WORKERS MAY NOT BE INCLUDED AS FAMILY.** A separate childcare provider application must be completed and verification of working relationship must be provided.

Additional Applicants (if applicable):

1. Adult Name: _____ Relationship: _____ DOB: _____

Address: _____ City: _____ State/Zip: _____

2. Child Name: _____ DOB: _____

3. Child Name: _____ DOB: _____

4. Child Name: _____ DOB: _____

5. Child Name: _____ DOB: _____

6. Child Name: _____ DOB: _____

Revised 3/7/2024



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SPONSORSHIP INFORMATION

Two current Amackassin Club members in good standing are required to act as sponsors for any new membership. These members must be in good standing with the Club and also must have current membership for a minimum of 3 years.

If you have any questions or do not have a Sponsor, please contact the Club Membership Chairperson by calling the Club. If you do not have a sponsor, references from 2 non-family members are required.

Are you being Sponsored for Membership at the Amackassin Club? YES/NO

If Yes, Please provide the names of the sponsors below

Sponsor #1: _____

Sponsor #2: _____

References, if you do not have a sponsor:

Reference #1 Name _____ Number _____ Affiliation _____

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For Membership Committee ONLY

Interview Date	Date Posted:
Interviewer(s):	
Completion of Posting:	
Date of Board Vote:	Date Welcome Package Shipped:



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FEE DESCRIPTION

Fee Schedule	Description	Annual Fees* 2024-2025	One-time Initiation Fee Waived for this year
Category I (Junior)	Any one person between 21 & 25 years of age	\$700.00	\$250.00
Category II (Single)	Any one person who has reached his/her 25 th birthday	\$1431.00	\$300.00
Category III (Joint)	Any two people who reside with each other or one parent & one unmarried child that is 23 years of age or younger (as of March 1 of that year) regardless of where they reside.	\$1863.00	\$400.00
Category IV (Family)	Any two people who reside together & their unmarried children that are 23 years of age or younger (as of March 1 of that year) regardless of where they reside.	\$2316.60	\$500.00
Operating Assessment	Annually for all Members.	\$175	N/A
Mortgage Fund Assessment	Annually for all Members. This fee is determined each year by dividing the mortgage balance by the number of total memberships.	\$100 Approx.	
Capital Assessment	One-time fee for major improvements to the club	\$500	N/A

*Does not include tax