

# AMACKASSIN CLUB MEMBERSHIP APPLICATION For the 2023-2024 Season

557 Palisade Avenue, Yonkers, NY 10703 Phone: (914) 476-6460 Email: <a href="mailto:amackassin1888@gmail.com">amackassin1888@gmail.com</a>

Date:				
APPLICANT INFORMATION				
Primary Applicant's Name:	Dat	Date of Birth:		
Address:	City:	State/Zip:		
Phone (please include home, cell, work):				
Email				
Additional Email if desired				
Have you ever been a member of the Amac	kassin Club in the past?(YES/NO) When?			
Emergency Contact:	Relationsh	ip:		
Emergency Contact Phone Number (home/c	ell):			
Employer Information:				
Employer:	Number of ye	ars employed:		
Title/Position:				
MEMBERSHIP TYPE Please indicate the type of Membership you	are applying for. Please refer to Page 2 of A	oplication.		
Single Joint Family Junio	or			
Only the following family members may be I children, who are under age 23 and who res childcare provider application must be comp	years or younger of your household that you isted under a family membership: Applicant's ide with Applicant. CHILDCARE WORKERS MAD leted and verification of working relationship	s Spouse and Applicant's unmarried NY NOT BE INCLUDED AS FAMILY. A separate		
Additional Applicants: 1. Name:	Relationship:	DOB:		
2. Name:	Relationship:	DOB:		
3. Name:	Relationship:	DOB:		
4. Name:	Relationship:	DOB:		
5. Name:	Relationship:	DOB:		
6 Name	Relationshin:	DOB:		



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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	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	Afilliation			
Reference #1 Name	Number	Afilliation			

### **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 2023-2024	One-time Initiation Fee Waived for this year
Category I (Junior)	Any one person between 21 & 25 years of age	\$1155.60	<del>\$250.00</del>
Category II (Single)	Any one person who has reached his/her 25 <sup>th</sup> 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	\$ <del>500.00</del>
Operating Assessment	Annually for all Members.	\$175	
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.	