

AMACKASSIN CLUB MEMBERSHIP APPLICATION For the 2025-2026 Season

557 Palisade Avenue, Yonkers, NY 10703 Phone: (914) 476-6460 Email: amackassin1888@gmail.com

Date:_							
APPLIC	CANT INFORMATION						
Primar	y Applicant's Name:		Date of Birth:				
Addres	s:	City:		State/Zip:			
Phone	(please include home, cell, wor	k):					
Email _							
Additio	onal (Adult) Email if desired						
Have y	ou ever been a member of the	Amackassin Club in the past?(YES/NO)	When?				
Emergency Contact:			Relationship:				
Emerge	ency Contact Phone Number (h	ome/cell):					
Employ	yer Information:						
Employ	/er:	Nu	mber of years emplo	oyed:			
Title/Po	osition:						
	ERSHIP TYPE indicate the type of Membersh	ip you are applying for. Please refer to F	Page 2 of Application	n.			
Single _	Joint (2 persons)	Family (1-2 adults in house; + children) Junior (21	-25 years of age)			
an adu the san any/all	It family member (spouse, siste ne household). Children of the adult applicants. CHILDCARE W	wember that you are requesting to incler, brother, etc.) may be included in Joint family, that are 23 years or younger, may ORKERS MAY NOT BE INCLUDED AS FANG relationship must be provided.	and Family Membe y also be included. F	rships (*and must be members of Please include of copy of ID for			
	onal Applicants (if applicable):						
1.	Adult Name:	Relationsh	nip:	DOB:			
	Address:	Ci	ty:	State/Zip:			
2.	Child Name:			DOB:			
3.	Child Name:			DOB:			
4.	Child Name:			DOB:			
5.	Child Name:			DOB:			
6.	Child Name:			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 a	t the Amackassin Club? YES/NO		
If Yes, Please provide the names of the spor	nsors 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 Pack	kage Shipped:	



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FEE DESCRIPTION

Fee Schedule	Description	Annual Fees* 2025-2026	Operating Assessment	Capital Improvement	Mortgage Assessment	Subtotal	One-time Initiation Fee Waived for this year	Tax at 8.875%	Total
Category I (Junior)	Any one person between 21 & 25 years of age	\$700.00	\$150.00	\$250.00	\$93.00	\$1,193.00	\$250.00	\$105.87	\$1,298.88
Category II (Single)	Any one person who has reached his/her 25 th birthday	\$1,546.00	\$150.00	\$250.00	\$93.00	\$2,039.00	\$300.00	\$180.96	\$2.219.96
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.	\$2,012.00	\$150.00	\$250.00	\$93.00	\$2,505.00	\$400.00	\$222.32	\$2,727.32
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.	\$2,501.60	\$150.00	\$250.00	\$93.00	\$2,994.60	\$500.00	\$265.77	\$3,260.37