

White Lake Yacht Club

Application for Special Guest Status

Membership in the White Lake Yacht Club consists of a member, spouse, and dependent, unmarried children. Situations arise which may result in non-member dependents and wards being at the Lake in the custody and care of members. Special Guest Status may be conferred for those dependents based on the following criteria noted in the August 1994 White Lake Yacht Club Bylaws. It must be noted that in filling such activities as Swimming School where facilities may be limited, priority is granted to members and their dependent, unmarried children.

White Lake Yacht Club Bylaws

Section 6. Additional Privileges of Membership

Subsection 6.3. Special Guest Status. A person who qualifies in the following three ways shall be eligible for special guest status as provided hereinafter: the person(s)

(a) Shall not have attained the age of nineteen years by the first day of September of the current year;

(b) Parent(s) or guardian live outside Muskegon County and will not be in the White Lake area for any period or periods of time. June through August of the current year, that will total seven days;

(c) Shall, during the period or parental absence, reside with and be the entire responsibility of a member of the Club.

Said person shall be awarded special guest status during said period of parental absence if said member submits a written request to an Officer of the Club and if said request is approved by any two Officers and recorded in the minutes of the Executive Committee.

I _____ (Member Name) am applying for Special Guest Status for:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Provide contact information for Special Guest parents to be used to encourage future WLYC membership:

Name: _____ email: _____

Address: _____ Phone: _____

City, ST, Zip: _____

As a member of White Lake Yacht Club, I confirm that the above Special Guest Status request adheres to the Club Bylaws.

Member Signature _____ Date: _____

Approved by(1): _____ Approved Date: _____

Approved by(2): _____ Approved Date: _____

**Please note this form must be completed in full prior to Special Guest Status being granted and typically requires 7 days for approval. Please return completed for to Anchor Room Lead or Swim School Director.*