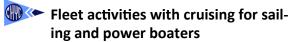
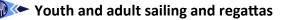
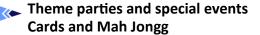
We offer activities and events for everyone's tastes, including:







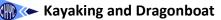
Fine dining as well as casual
dining in our Ship's Wheel, HarborRoom, Ballroom or on our outside
deck

Full service marina with

discounted fuel, pump out and boat slips available



Harbormasters men's group and our own ROMEOS (Retired Old Men Eating Out)



Year round golf reciprocal

American Council of Yacht Clubs (ACYC)



Ask About

Our full membership opportunities to enjoy reciprocal privileges at all 36 outstanding Florida Council of Yacht Clubs throughout Florida.

Including free night of dockage and convenient charge back.

Mission Statement

Charlotte Harbor Yacht Club is committed to providing an extraordinary environment for members to pursue their common interest as a community of friends.



EXPERIENCE the warmth of great food, fun and fellowship in a beautiful, casual and private setting with a PRICELESS view from your PRIVATE table (no waiting for a restaurant table!)



MSE7 new friends that share your personal interests and make new lifetime friends.



EMOU your boating, whether power or sail, through the pristine local waters.



NALUE our friendly staff, renowned chef and knowledgeable Dockmaster who will all become and extension of your family and friends.

Call or stop by

Charlotte Harbor Yacht Club today!

Find out why they call us
"The Window to the Harbor"





For boaters and non-boaters alike,



is the place to be!

4400 Lister Street,
Port Charlotte, FL 33952
941.629.5131

www.charlotteharboryc.com



Membership is subject to availability and approval in accordance with terms and conditions of the CHYC Bylaws.

Membership Classification:

Secretary Notified

Membership Notified

Trial period: 3 months from approval of application

If you are interested in membership pricing please contact the Club at 941-629-5131

APPLICANT INFORMATION								
Name:						Date of Birth (month/day):		
Local Address:					Anniversary (month/day):			
City:			State:			Zip Code:		
Home Ph:		Cell Ph:			E-Mail:			
Occupation or Profession (optional):						Email Statement: (Circle One) YES NO		
JOINT/FAMILY APPLICANT INFORMATION								
Name: Date of Birth (month/o							day):	
Cell Phone:	E-Mail:							
Occupation or Profession (optional): How did you hear about CHYC?:								
BOAT INFORMATION								
Boat: Yes No	Sail Power Make/Model:				L		Length:	
Draft:	Beam: Name:							
Do you know any CHYC Members								
SPONSORS								
Name (PRINT):							Date:	
Name (PRINT):							Date:	
SIGNATURES								
I acknowledge that I have received, read and understand the Trial Membership Agreement (Please initial)								
Applicant (s): CHYC Personal:								
Signature of Applicant:							Date:	
Signature of Joint Applicant:							Date:	
FOR OFFICE USE ONLY								
Membership # Amt. received \$				Check # Date posted			15th Day	
Application received by:						Date received		
Secretary Notified	Membership No	otified	N	Membership Card Issued			Revised 06/21/22	

Membership Card Issued