

S2-7.9m CLASS ASSOCIATION APPLICATION

APPLICATION DATE: _____

FIRST NAME: _____

LAST NAME: _____

STREET: _____

CITY: _____

STATE: _____

ZIP / POSTAL CODE: _____

COUNTRY: USA _____ CANADA _____

PREFERRED PHONE CONTACT: _____

E-MAIL: _____

ALLOW SECRETARY-TREASURER TO SHARE E-MAIL: Yes____ No____

BOAT NAME: _____

HULL NUMBER: _____

SAIL NUMBER: _____

CO-OWNER: _____

FLEET: _____

YACHT CLUB: _____

HOME WATERS: _____

USSA or CYA MEMBER NO: _____

DO YOU COMPETE IN RACES? Yes _____ No _____

MIGHT YOU TRAVEL TO RACES? Yes _____ No _____

NEW OR RENEWING MEMBER: New _____ Renewing _____

MEMBERSHIP TYPE*: Regular (Owner) _____ Associate (non-owner) _____

* REGULAR MEMBERSHIPS apply to boat owners who have voting privileges.

ASSOCIATE MEMBERS can not vote but enjoy all other privileges.

PAY METHOD (\$40): Check _____ (# _____) or via PayPal _____

Mail application & check (made to **S2 7.9 Class Association**) to:

S2 7.9 Class Association, PO Box 342, Grosse Ile, MI 48138