

Mail to:

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## UNITED STATES ALBACORE ASSOCIATION MEMBERSHIP APPLICATION

Name:		
Street:	_	
City:	_	
State/Province/Zip:	<u> </u>	
Phone: (H) (W) _	(M)	
E-mail: E-mail:		_
US Sailing (CYA, RYA) # Club Affi	liation:	
CBYRA #		
Boat Information:		
Sail Number: Boat Name	e:	
Boat Measurement Certificate: (YES) (NO) Most r	ecent buoyancy test	date
Fees:	Before 3/31	After 3/31
Regular Membership (boat owner/s)	U.S. \$30	U.S. \$35
Associate Membership (non-owner, crew)	U.S. \$20	U.S. \$25
Amount enclosed: in US funds on	ıly	

Please make checks payable to United States Albacore Association or USAA