



Membership Application

- Regular \$200
- Associate \$100
- Club/Sustaining \$50
- Family \$35
- Individual \$25

Please Print and Mail This Completed Form with Your Check to:

CAROLYN BELMORE
112 Saddleback Lane
East Falmouth, MA 02536

List Delegate if Regular Membership is Requested
List Additional Name if Family Membership is Requested

Name(s): _____
(Last Name) (First Name) (Middle Initial)

Additional Name: _____
(Last Name) (First Name) (Middle Initial)

Organization: _____
(Optional, except for Regular, Associate and Club Membership)

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

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