

2013 INDIVIDUAL MEMBERSHIP FORM

NAME	Date	
ADDRESS		
CITY, STATE & ZIP		
SOCIAL SECURITY NUMBER_		
DATE OF BIRTH	AGE Weight	
HOME PHONE		
BUS. PHONE		
CELL PHONE		
FAX NO		
EMAIL		
RACING MEMBER (\$150.0	0) NON-RACING MEMBER (\$150.00) STAFF_	
BOAT NAME	Boat Number	
SIGNATURE	Date	
<u>O</u>	PA USE ONLY	
PAYMENT TYPE: CHECK	CASH CREDIT CARD	
RECEIVED BY-(OPA OFFICIA	L ONLY)	