

I.S.C.Y.R.A.

MEMBERSHIP APPLICATION

914 Bay Ridge Road, Suite 220
Annapolis MD 21403 USA
Phone +1 443 458 5733
Fax +1 443 458 5735
E-mail office@starclass.org

1. Please **print clearly** and **fill out form completely**.
2. Return this application to your Fleet Secretary or if Isolated member return to the ISCYRA with your DUES.

FIRST NAME

LAST NAME

ADDRESS *

*** INCLUDE COMPLETE ADDRESS WITH POSTAL CODE**

COUNTRY

TEL. - HOME

TEL. - BUSINESS

MOBILE PHONE

E-MAIL

DATE OF BIRTH MONTH DAY YEAR

BOAT BUILDER AND YEAR BUILT (Bldr-Yr) -

YACHT NUMBER Sole Owner Partnership Charter **(see ** below)**

YACHT NAME

YACHT CLUB NAME

FLEET NAME

****** If a partnership or charter, LIST OWNER(S). Do you own other Star boats? What are the numbers?

Do you certify that no structural alterations have been made to your yacht (excluding spars) since its measurement certificate was granted? Yes No If no, explain on separate sheet and attach.

PLEDGE: I hereby agree to be bound by the Constitution, By-Laws, Rules and Regulations of the ISCYRA and to abide by the rulings and decisions of its authorized officers and committees.

Date _____ Signed _____

Annual ISCYRA Membership Dues for 2016: (please check)

Active member (boat owner, skipper)	\$90.00 _____	ISCYRA Membership Dues _____ (Amount)
Associate member (non owner, crew)	\$35.00 _____	
Junior member (Under 20 years)	\$22.50 _____	
Junior Active (under 30 years)	\$45.00 _____	
Isolated Active member	\$90.00 _____	
Isolated Associate member	\$35.00 _____	Fleet Charges _____
		Other Charges _____
		Total \$ _____

Charge US \$ _____ to _____ Visa or _____ Mastercard _____ exp. _____ / _____
(check one) number month / year

RETURN THIS SHEET WITH YOUR DUES TO: Cardholder's name _____
 _____ Fleet Secretary
 _____ Address

 _____ Country