FORM B-2

2016 ANNUAL REPORT

PLEASE TYPE OR PRINT ONLY

FLEET NAME_____

International Star Class
Yacht Racing Association

2812 Canon Street
San Diego California 92106 USA
Phone +1 619 222 0252
Fax +1 619 222 0528
E-mail office@starclass.org

Fleet is suspended if this form is not returned by 1 March 2016.

FLEET OFFICER INFORMATION

(All ISCYRA mail is sent to the Fleet Secretary.)

FLEET CAPTAIN _____
ADDRESS_____
_____
_____
COUNTRY _____
TELEPHONE _____
FAX_____
E-MAIL _____
SIGNATURE_____

FLEET SECRETARY _____
ADDRESS_____
_____
_____
COUNTRY _____
TELEPHONE _____
****FAX _____
(Write fax number where you can be reached.)
E-MAIL _____
SIGNATURE _____

SEND CORRECTED 2015 MEMBERSHIP LIST AND A-3 FORMS FOR NEW MEMBERS WITH DUES PAYMENT

NUMBER		US DOLLARS
ACTIVE_____	X $90 =	$_____
ASSOCIATE _____	X $35 =	$_____
JUNIOR_____	X $22.50 =	$_____
JUNIOR ACTIVE_____	X $45=	$_____
LIFE _____		$ NO DUES
TOTAL _____		**$** _____

METHOD OF PAYMENT (check ✓)

☐ Check drawn on US Bank ☐ Mastercard
☐ Use funds in our account ☐ Visa

Name on Card_____

Card Number _____

Expiration Date _____

LIST BELOW ONLY NEW MEMBERS (use other side if necessary).

Active, Associate Or Junior	Member Name	Yacht #	Yacht Name