

2008 ANNUAL REPORT

International Star Class Yacht Racing Association

PLEASE TYPE OR PRINT ONLY

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FLEET NAME _____

Fleet is suspended if this form is not returned by 1 March 2008.

FLEET OFFICER INFORMATION

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

FLEET CAPTAIN _____

FLEET SECRETARY _____

ADDRESS _____

ADDRESS _____

COUNTRY _____

COUNTRY _____

TELEPHONE _____

TELEPHONE _____

FAX _____

****FAX _____

(Write fax number where you can be reached.)

E-MAIL _____

E-MAIL _____

SIGNATURE _____

SIGNATURE _____

SEND CORRECTED 2007 MEMBERSHIP LIST AND A-3 FORMS FOR NEW MEMBERS WITH DUES PAYMENT

METHOD OF PAYMENT (check ✓)

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

Name on Card _____

Card Number _____

Expiration Date _____

NUMBER US DOLLARS

ACTIVE _____ X \$60 = \$ _____

ASSOCIATE _____ X \$30 = \$ _____

LIFE _____ \$ NO DUES

TOTAL _____ \$ _____

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

Active or
Associate

Member Name

(complete for Active members)
Yacht # Yacht Name