FORM A-3

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

MEMBERSHIP APPLICATION

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.

International Star Class
Yacht Racing Association

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

FIRST NAME

LAST NAME

ADDRESS *

*** INCLUDE COMPLETE ADDRESS WITH POSTAL CODE**

COUNTRY

TEL. - HOME

TEL. - BUSINESS

FAX

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 I.S.C.Y.R.A. and to abide by the rulings and decisions of its authorized officers and committees.

Date_____ Signed_____

Annual ISCYRA Membership Dues for 2009: (please check ✓)

Active member (boat owner, skipper)	**$75.00**	_____
Associate member (non owner, crew)	**$35.00**	_____
Isolated Active member	**$75.00**	_____
Isolated Associate member	**$35.00**	_____

ISCYRA Membership Dues _____(Amount)
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

(member application A-3 REV-10/06)