

2010 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 2010.

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 2008 MEMBERSHIP LIST AND A-3 FORMS FOR NEW MEMBERS WITH DUES PAYMENT

METHOD OF PAYMENT (check ✓)

<u>NUMBER</u>	<u>US DOLLARS</u>
ACTIVE _____ X \$75 = \$ _____	
ASSOCIATE _____ X \$35 = \$ _____	
LIFE _____	\$ <u>NO DUES</u>
TOTAL _____	\$ _____

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

Name on Card _____

Card Number _____

Expiration Date _____ CVV _____

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

Active or Associate	<u>Member Name</u>	(complete for Active members)	
		<u>Yacht #</u>	<u>Yacht Name</u>