

CYBA Administration Membership Application

(Please print or type your details- all requested information must be filled out before submission)

Your name _____ Cell Phone: (____) _____

Name of Business _____ Position _____

Business Address _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Email: _____

How did you hear about the CYBA, and who referred you? _____

What are your primary reasons for joining the CYBA? _____

Would you be interested in serving on a CYBA Committee? Boat Show ___ GEO ___ Social ___ Other ___

(Please provide the name and details for one current CYBA Broker as your sponsor)

Sponsor (Employer) Name: _____

Email: _____ Phone: (____) _____

Signature: _____ Date: _____

Membership Class and Fee Schedule

Initiation Fee

Yearly Dues Total

Administration

Jan. - June \$50

\$48

\$98

July - Dec. \$50

\$25

\$75

PLEASE SUBMIT CHECK WITH YOUR APPLICATION OR CALL DON ABBOTT WITH CREDIT CARD INFO

Yearly Dues for NEW applicants are pro-rated for first year only.

Upon approval, I understand that my annual CYBA membership dues are billed in December for the forthcoming year and are considered past due on January 30th. I agree that my CYBA Membership will be cancelled if full payment for the new year is not received by February 15th.

Please email **completed** application to:

don@cyba.info

Or mail **completed** application to:

CYBA

3545 Airway Drive, Suite 112 Reno, Nevada 89511-1847

(800) 875-2922

Fax (775) 353-5111

Applicant's Signature _____ Date _____

Thank you, you will be notified once your application has been reviewed.