



## 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, and who referred you to, the CYBA? \_\_\_\_\_

What are your primary reasons for joining the CYBA? \_\_\_\_\_

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

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(Please provide the name and details of your sponsoring CYBA Broker)

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 TY MELLOTT 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 or mail **completed** application to:

**Ty@cyba.info**

**CYBA**

**P.O. Box 2323 • Martinez, CA 94553-8777**

**(925) 588-8929**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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