



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 ____

(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.