

Mutineer 15 Class Association Membership Application

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Email _____

Hull # _____ Sail # _____

Boat Name _____

Number of years you have owned your boat? _____

I am a:

Skipper/Owner ()

Crew/Owner ()

Crew ()

Interested observer ()

Local Club Affiliation:

Club Name _____

Club Location _____

Number of Mutineers in your club _____

Type of Membership:

(Check One)

Full

() (Boat owner, Voting rights)

Associate

() (Any person having an interest in the
Class, Non-voting)

This Membership is:

(Check One)

New

()

Renewal

()

Annual Dues: \$25 Full membership (You may pay for a maximum of three years)

\$15 Associate membership (You may pay for a maximum of two years)

Years for which you are paying: _____

Total Amount Enclosed: \$ _____

Make Checks Payable to: Mutineer 15 Class Association

Send application and payment to:

Mutineer 15 Class Association

Attn: Ginette Hughes

PO Box 373203

Key Largo, FL 33037

