

Membership Application 2018

Name(s):	Age(s):
Address:	
	State /Province:
Country:	Postal Code / Zip:
Email Address:	Phone:
Boat Type:	Length:
Model:	Year:
Type of Power:	Engine / HP:
Boat Name:	
	Please list additional boats on reverse side.
Please choose a mem	ibership type:
	Single Person - \$40 per year
	Family Membership (2 persons) - \$40 per year
	Century Club – In addition to the membership, help fund our regattas - \$100
	Other Donation
otherwise participate injury to my person, and all other sponsor suffered by me, my fainjury or loss resulted Raceboat Club, sthe Florida Vintage R Club event, my boar responsibility for mysor	nyself and any member of my family, including all minors who accompany any me or should in any activity by the Florida Vintage Raceboat Club, I do hereby waive any claim for boat or equipment. I agree to hold the Florida Vintage Raceboat Club harmless and any softhe event, their employees, agents, volunteers, and assistants, for any injury or loss mily, or any invitee during or in connection with the 2018 membership year, whether such directly or indirectly from the negligent acts or omissions of the Florida Vintage aceboat Club. I understand that in order to participate in any Florida Vintage Raceboat must be adequately inspected and operated in a safe manner. I agree to take full elf while in the boat either as a driver or rider. I will hold the Florida Vintage Raceboat Club dent, in jury or loss that might occur due to my participation in any event and free from all injuries or losses.
Printed Name	Date
Signature of Participa	ınt
Submit application or	n line (Floridavintagerc@cfl.rr.com) or print and snail mail with check to:
	Florida Vintage Raceboat Club LLC

Questions? Contact us at: Floridavintagerc@cfl.rr.com

PO Box 60458

Palm Bay, FL. 32906-0458