

Membership Application 2021

Name(s):	Age(s):		
Address:			
City:	State /Province:		
Country:	Postal Code / Zip:		
Email Address:	Phone:		
Boat Type:	Leng	Length:	
Model:	Year:	Year:	
Type of Power	: Engine / HP:	Engine / HP:	
Boat Name:			
	Please list additional boats on reverse side.		
Please choose	a membership type:		
Single Membership (Member/Participant):		\$40 per year	
	Family Membership (Single Member/Participant AND Spouse Member):	\$40 per year	
	Century Club (In addition to the membership, help fund our regattas):	\$100	
	Other Donation:	\$	
otherwise partinjury to my po and all other s suffered by me injury or loss in R a c e b o a t of the Florida Vin Club event, in responsibility f blameless for a	yælf and any member of my family, including all minors who accompany ar cipate in any activity by the Florida Vintage Raceboat Club, I do hereby waiverson, boat or equipment. I agree to hold the Florida Vintage Raceboat Club I ponsors of the event, their employees, agents, volunteers, and assistants, for an my family, or any invitee during or in connection with the 2018 membership yet resulted directly or indirectly from the negligent acts or omissions of the Florida Unitage Raceboat Club. I understand that in order to participate in any Florida Unitage Raceboat Club. I understand that in order to participate in any Florida Unitage Maceboat Club in the boat either as a driver or rider. I will hold the Florida Vintagen my accident, in jury or loss that might occur due to my participation in any event didents, injuries or losses.	We any claim for harmless and any my injury or loss ear, whether such or ida Vintage ne events hosted by Vintage Raceboat gree to take full ge Raceboat Club	
Printed Name_	Date		
Signature of Pa	articipant		
Print and snail	mail with check to:		

Florida Vintage Raceboat Club LLC

PO Box 561544 Rockledge, FL. 32955

Questions? Contact us at: info@fvrc.club