Atlantic Class Association

MEMBERSHIP APPLICATION FOR THE 20___ SEASON

Name:		Membership Category
Address: _		Annual Membership is for the calendar year ending 12/31
_		□ \$85 Active Member
_		□ \$50 Sustaining Member
		☐ \$25 Associate Member
		Please enclose a check payable to
Sail No	Boat Name	Yacht Club:
Please che	eck one: Owner/Skipper Co-O	wner □ Former Owner □ Crew □ Friend
Telephone	Class Officers and fleet leaders, we wo	re. We realize we don't need them all, but for uld like as many as possible, and for those of us anent homes, please include summer contact info.
	Home:	Summer Phone
	Business:	Summer Mailing Address:
	Mobile:	
	Home Fax:	
	Bus. Fax:	
• Ple	ase return this form with your dues to:	Pam Manthous Atlantic Class Treasurer 6 Hemingway Rd Niantic, CT 06357