

Atlantic Class Association

MEMBERSHIP APPLICATION FOR THE 20__ SEASON

Name: _____

Address: _____

Email: _____

Phone _____

Membership Category

Annual Membership is for the calendar year

\$85 Active Member

\$50 Sustaining Member

\$25 Associate Member

Please enclose a check payable to Atlantic Class Association. Active Membership is required for all yachts participating in class regattas.

Sail No. ____ Boat Name _____ Yacht Club: _____

Please check one: Owner/Skipper Co-Owner Former Owner Crew Friend

- Please add the names of any Atlantic sailors who may not be on our mailing list to the back of this form
- Please return this form with your dues to:

George Atwood
Atlantic Class Treasurer
18 Leffingwell Road
Clinton, CT 06419

atwood_g@msn.com

Thank you for supporting the Great Atlantic!