

APPLICATION FOR MEMBERSHIP – AFFILIATE

105 Eastern Avenue, Suite 104 - Annapolis, MD 21403 Phone: 410/940-6345 Fax: 410-263-1659 ybaa.com

*All requested information must be completed prior to committee review.

Company Name:			Principal's Name:		
Address:		Ti	itle:		
City:		State:	Zip:	Country:	
Telephone:		Fax:			
Principal's E-Mail:		Web Ade	dress:		
Year company founded:	\Box Sole Proprietorship \Box	Partnership	□ Corporation	Federal ID #	

AFFILIATE MEMBERSHIP REQUIREMENTS

Business entities (such as corporations, partnerships and sole proprietorships) that provide specific products and/or services of value to the members of the Association, and who support the Association's mission and purpose while not being directly engaged in the business of yacht brokerage.

All applications are reviewed by YBAA's Membership Committee, which reserves the right to accept or reject any application for any reason.

All eligible applicants are accepted on a 6-month conditional basis and may have their membership privileges revoked if it is deemed by the Board of Directors that the company does not meet the eligibility requirements.

Description of Services and/or Products - Please provide a complete description of your products or services. Be as specific as possible. This information will appear in the Membership Roster and on the YBAA Web Site.

For reference purposes, provide the names of two or more brokerage firms with whom you do business:

Company:					
Contact Person:					
Address:			Phone:		
			Fax:		
City:	State:	Zip:	How many years have you been their business partner?		
Company:					
Contact Person:			Title:		
Address:			Phone:		
			Fax:		
City:	State:	Zip:	How many years have you been their business partner?		
Company:					
Contact Person:			Title:		
Address:			Phone:		
			Fax:		
City:	State:	Zip:	How many years have you been their business partner?		
Employee Name:			Email:		
Employee Name:	Email:				
Employee Name:	Email:				
Employee Name:			Email:		

Payment Information - The dues year runs from January 1 – December 31. Dues are renewable each January. New applicants will pay the one-time initiation fee in full, plus a prorated share of the full annual dues for the first year.

Affiliate Dues:

Membership Category	1/1 – 3/31 Full Year	4/1 – 6/30	7/1 – 9/30	10/1 - 12/31 - 15 Months			
Affiliate Dues	\$495	\$375	\$250	\$615			
Payment Calculations:							
Dues Amount \$ + Initiation Fee \$100 = Total in US\$							
□ Enclosed is my check for \$ (Please make checks payable to YBAA.)							
\Box Please charge to: \Box	MC 🗆 VISA 🗆 A	MEX 🗆 Discover	Vertification Co	Vertification Code			
Credit Card Number: Expiration Date:							
Card Holder Name:			Signature:				
Billing address:							

STATEMENT OF APPLICANT

I have read the membership requirements and the YBAA Code of Ethics and I certify that my company meets the criteria necessary for membership, and that the company and its employees will comply with all terms and conditions of membership in the Yacht Brokers Association of America, and will conduct our business in manner that complies with and supports the YBAA Code of Ethics.

I hereby attest that the information provided herein is accurate and truthful to the best of my knowledge.

Signed:

Principal

Date

Please return application, attachments and payment to: YBAA 105 Eastern Avenue, Suite 104, Annapolis, MD 21403-3300 Fax: 410-263-1659

.