



2018 MEMBERSHIP APPLICATION
(Membership will expire at Annual Meeting 2019)

NAME: _____ D.O.B. _____

FAMILY MEMBER NAME: _____ D.O.B. _____

ADDRESS: _____ CITY/STATE : _____

POSTAL CODE: _____ HOME PHONE: _____

CELL: _____ E-MAIL: _____

BOAT TYPE: _____ **MODEL:** _____

NAME: _____ LENGTH: _____ ENGINE: _____

Please check membership type:

- Single = \$40.00** or **Family Membership = \$40.00**
Family = Any two persons of at least 18 years of age maintaining a family type domicile, preferring to be members in common and not separately.

- Donation - Help Fund our Regattas!** _____
(Any Amount Welcome)

PLEASE READ AND SIGN:

For myself and any member of my family, including all minors who accompany me or should otherwise participate in any activity of the Classic Race Boat Association, I hereby waive any claim for injury to my person, boat or equipment. I agree to hold the Classic Race Boat Association harmless and any and all other sponsors of the event, their employees, agents, volunteers, and assistants, for any injury or loss suffered by me, my family, or any invitee during or in connection with the 2016 membership year, whether such injury or loss resulted directly or indirectly from the negligent acts or omissions of said organization, sponsors, employees, volunteers, assistants, or others connected with the Classic Race Boat Association. I understand that in order to participate in any Classic Race Boat Association event, my boat must be adequately inspected and operated in a safe manner. I agree to take full responsibility for myself while in the boat either as a driver or rider. I will hold the Classic Race Boat Association blameless for any accident, injury or loss that might occur due to my participation in any event and free from all liability for accidents, injuries or losses.

SIGNATURE DATE

SIGNATURE DATE

**Mail completed application with check payable to CRA:
P.O. Box 1457, Mt. Dora, FL 32756-1457**

If paying by Credit Card - Brand of Card: (circle) VISA, MasterCard, American Express, Discover	
Card Number: _____	Expiration Date: _____
Security Code: _____	Billing Zip Code: _____