

SAIL AMERICA MEMBERSHIP APPLICATION



1. COMPANY / CONTACT INFORMATION

Membership Name (Company): _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone #: _____ Fax #: _____

Email: _____ Website: _____

Primary Contact: This person is responsible for your SA membership; updating contact information and routing SA communication. SA communicates most frequently with this person.

Name: _____ Title: _____ Email: _____

Additional Contacts: If you would like additional contacts added to your account, specifically your companies boat show contact.

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

SOCIAL MEDIA PAGE LOCATIONS: Twitter:@ _____ Instagram: _____

Facebook: _____ LinkedIn: _____

2. MEMBERSHIP DUES

CORPORATE MEMBERSHIP

Your membership dues are based on the total U.S. sailing-related marine sales for your company's most recently completed fiscal year. Please check the appropriate membership category.

ANNUAL SAILING RELATED SALES	SAIL AMERICA MEMBER DUES
Under \$250,000	<input type="checkbox"/> \$250
\$250k - \$499,000	<input type="checkbox"/> \$350
\$500k - \$999,000	<input type="checkbox"/> \$500
\$1 million - \$5 million	<input type="checkbox"/> \$800
\$5 million - \$10 million	<input type="checkbox"/> \$800
\$10 million - \$20 million	<input type="checkbox"/> \$1200
Over \$20 million	<input type="checkbox"/> \$1200

ASSOCIATE MEMBERSHIP

Associate membership is for individuals or companies that provide a service to the sailing industry. Associate members pay a flat annual fee and receive all the benefits of Sail America membership, except discounted member rates at shows and access to the Discover Sailing list.

Individual Membership.....\$50
 Non-Profit Organizations.....\$75
 Dealers, Brokers, Marine Representatives, Sailing Schools and Professional Memberships.....\$150
 Affiliated Corporate Membership (Corporate Member: _____).....\$100

3. MEMBERSHIP DUES PAYMENT INFORMATION

TYPE OF PAYMENT: (please check one) AmEx Mastercard Visa Check #: _____

Card Number: _____ Exp. Date: _____ CVV Code: _____

Card Holder's Signature: _____ Card Holder's Name: _____

Please fax your application form to Sail America at (401) 247-0074.

Submit

50 Water Street | Warren, RI 02885 | (p) 401-289-2540 | (f) 401-247-0074 | SailAmerica.com