SAIL AMERICA MEMBERSHIP APPLICATION



Membership Name (Company):			
Mailing Address:			
iity:	State/Province:	Zip/Postal Code:	Country:
hone #:	Fax	#:	
mail:	We	bsite:	
rimary Contact: This person is responsible for your	SA membership; updating o	contact information and routing	SA communication. SA communicates mos
equently with this person.			
ame:	Title:	Email:	
dditional Contacts: If you would like additional co	ontacts added to your accou	int, specifically your compan	ies boat show contact.
ame:	Title:	Email:	
ame:	Title:	Email:	
SOCIAL MEDIA PAGE LOCATIONS: Twitter:@_		Instagram:	
Facebook:	<u> </u>	inkedIn:	
2. MEMBERSHIP DUES			
ORPORATE MEMBERSHIP	6 11 1 1		
our membership dues are based on the total U		sales for your compnay's mo	ost recently completed fiscal year.
rease check the appropriate membership categ	ory.		
	ANNUAL SAILING	SAIL AMERICA	
	RELATED SALES	MEMBER DITES	

ANNUAL SAILING RELATED SALES Under \$250,000 \$250k - \$499,000 \$500k - \$999,000 \$1 million - \$5 million \$5 million - \$10 million \$10 million - \$20 million [] \$1200 Over \$20 million [] \$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						
Affiliated Corporate Membership (Corporate Membership))\$100					
3. MEMBERSHIP DUES PAYMENT INFOR	_	[] Check				
TYPE OF PAYMENT: (please check one)	[] Mastercard [] Visa	[] Check	·			
Card Number:	Exp. Date:		CVV Code:			
Card Holder's Signature:	Card Hold	er's Name				

Please email your application form to sgrove@sailamerica.com or click HERE