



Membership Application

(select **File-Print** from your browser to print this form)

Make check payable to ACBS and mail check and application to:
ACBS International Headquarters, ATTN: Membership, 422 James Street, Clayton, NY 13624

NAME _____ E-Mail Address _____

SPOUSE _____

Address _____

City _____

State/Province _____

Zip _____ Phone: Eve _____ Day _____

Type of Memberships	Dues	Enter Amount*:
Individuals under age 21		
Annual Junior (JM)	\$15.00	
Junior Life (JL)	\$650.00	
Individuals & Their Co-Member (Spouse or Partner)		
Annual (AN)	\$50.00	
Life Membership (LM)	\$1600.00	
Organizations Listed by Business Name		
Annual Associate (AM)	\$200.00	
Associate Life (LA)	2000.00	

Local Chapter Preference: _____

(Please consult the [Chapter Map](#) for information.)

Total Dues: * All amounts in US funds unless otherwise noted.

Boat Information

Boat #1

Year _____ Builder _____ Model _____ Length Overall _____

Hull # _____ HP _____ Engine Make _____ # Cyl _____

Boat #2

Year _____ Builder _____ Model _____ Length Overall _____

Hull # _____ HP _____ Engine Make _____ # Cyl _____