



# J/24 FLEET 8 MEMBERSHIP FORM

**Boat Name** \_\_\_\_\_

Sail Number: \_\_\_\_\_

Boat Berth: \_\_\_\_\_

Club or Ass'n: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

email: \_\_\_\_\_

**Dues:**

**Boat membership** (includes owner and up to four of your crew) . . . \$35.00

**Associate** . . . . . \$10.00

Amount Paid: \_\_\_\_\_

**Crew List**

Name	Email Address	Phone Number

**Make check payable to J/24 Fleet 8 and send to:**

**Treasurer, J/24 Fleet 8  
 c/o Greg Leonard  
 13405 Idlewild St.  
 Bowie, MD 20715**