



For reference purposes, provide the names of two or more brokerage firms with whom you do business:

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How many years have you been their business partner? \_\_\_\_\_

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How many years have you been their business partner? \_\_\_\_\_

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How many years have you been their business partner? \_\_\_\_\_

Employee Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Information** - The dues year runs from January 1 – December 31. Dues are renewable each January. New applicants will pay the one-time initiation fee in full, plus a prorated share of the full annual dues for the first year.

**Affiliate Dues:**

Membership Category	1/1 – 3/31 Full Year	4/1 – 6/30	7/1 – 9/30	10/1 – 12/31 – 15 Months
Affiliate Dues	\$495	\$375	\$250	\$615

**Payment Calculations:**

Dues Amount \$ \_\_\_\_\_ + Initiation Fee \$100 = Total in US\$ \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_ . (Please make checks payable to YBAA.)

Please charge to:  MC  VISA  AMEX  Discover Verification Code \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing address: \_\_\_\_\_

**STATEMENT OF APPLICANT**

I have read the membership requirements and the YBAA Code of Ethics and I certify that my company meets the criteria necessary for membership, and that the company and its employees will comply with all terms and conditions of membership in the Yacht Brokers Association of America, and will conduct our business in manner that complies with and supports the YBAA Code of Ethics.

I hereby attest that the information provided herein is accurate and truthful to the best of my knowledge.

Signed:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

*Please return application, attachments and payment to:*  
**YBAA 105 Eastern Avenue, Suite 104, Annapolis, MD 21403-3300 Fax: 410-263-1659**