

California Yacht Brokers Association

MEMBERSHIP APPLICATION

Your Name : _____
 Name of Business: _____ Position: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Cell: _____
 E-mail: _____ Web Site _____

Class of Membership Desired:

Master Member (Owner) Broker (working for a Master Member) Associate (Salesperson)

Date first licensed by State of California as:

Broker: Salesperson: Current License No. _____

Your reason for desiring membership in the CYBA. Choose all that apply:

Code of Ethics Increase Professionalism Arbitration Seminars & Training
 Standardized Forms Industry Information Newsletter Networking
 Other: _____

How did you hear about the CYBA? and who referred you to the CYBA?

Business references:

Person: Company: Phone# _____
 Person: Company: Phone# _____

Sponsored by two CYBA Master or Active Broker Members:

Signature: _____ License No. _____
 (please Print Name) _____

Signature: _____ License No. _____
 (please Print Name) _____

I understand that my name will be posted as a candidate for membership and that my application will be reviewed by the CYBA Membership Committee and the Board of Directors.

If elected to membership in the California Yacht Brokers Association, I agree to abide by and conform to the Code of Ethics of the Association, which I have a copy of and I have read.

Date: Applicant's Signature _____

Schedule of Fees

Membership Class	Initiation Fee	+	Yearly Dues	=	TOTAL
Master (Owner) Broker of Record + 2 or more Associates	\$200		\$395		\$595
Master (Owner) Broker of Record + 1 Associate	200		295		495
Broker (working for a Master Member)	Waived for 2013		50		50
Associate (Salesperson)	Waived for 2013		35		35

Check for \$ _____ enclosed. Please make check payable to CYBA and return to:

CYBA • 4090 S. McCarran Blvd., Suite E • Reno, NV 89502
 (800) 875-2922 • (775) 353-5100 • Fax (775) 353-5111