

Application for Provisional Corporate Membership

105 Eastern Avenue, Suite 104 - Annapolis, MD 21403-3300 Phone: 410-263-1014 Fax: 410-263-1659

,	I information must be completed prior to committee	review.				
Company Name:Principal Name:						
Address:		Title:				
City:		State:	Zip: Country:			
Telephone: _		Fax:				
Principal's E-N	Mail:	Web Address:				
Year company	y founded: Sole Proprietorsh	hip □ Partnership □ C	Corporation Federal ID #			
Number of year	ars that company and/or owner/principal has been e	engaged in the full-time busin	ness of yacht brokerage:			
Referred by: _	Company:		Phone:			
Why has your	company decided to join YBAA?					
Which prograi	ms and services interest you?					
Would you be	willing to serve as a committee volunteer?					
Company owr	ner(s) name(s), title(s), and percentage of ownershi	p:				
Name:	Title: _		Percentage of Ownership:	%_		
Name:	Title: _		Percentage of Ownership:	%_		
Name	Title		Percentage of Ownership:	%_		
			·			
	e percentage of total company boat sales: Brokera	ge Sales%: (Sail	·			
All app Any sole pro basis who m 1. 2. 3. 4. 5.	PROVISIONAL Collications are reviewed by YBAA's Membership prietorship, partnership or corporation legitima eets, or agrees to comply with, the following: Applicant must be sponsored by a current of Principal and all of the firm's authorized Coryacht broker license(s) and (2) currently hold been convicted of a felony within the past so Ensure that all business conducted by the owith the Association's Code of Ethics, Pay, in a timely manner, all appropriate and During the 12 months of provisional member opplicants are accepted on a 12-month provisional member of the control of the provisional member of the provisional member of the provisional members are accepted on a 12-month provisional members.	ORPORATE MEMBE of Committee, which reservately established and engage corporate YBAA member in property Member brokers (all all necessary license(s) even years. company and its brokers (in the principal must a servate of t	RSHIP REQUIREMENTS yes the right to accept or reject any application aged in the full time practice of selling yachts on good standing, 1) have never been denied, nor had revoked, required by all applicable governmental entition cluding employees, independent contractors agree to attend at least one YBAA Event. and may have their membership privileges research.	for any reason. In a co-brokerage any professional es, and (3) have not the etc.) complies in fu		
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Co:_

Authorized Corporate Member Bro company who you designate to recei must provide their signature, in the s	ive all benefits of YBAA members	ship, including voting privilege	s, as long as the Corporate M		
names.		-			
Name:		Name:			
,	State: Zip:	,		Zip:	
Phone:	Fax:	Phone:	•	Fax:	
E-Mail:		E-Mail:			
Signature:		Signature	2:		
Name:		Name:			
Address:		Address:			
City:	State: Zip:	City:		State: Zip:	
Phone:	Fax:	Phone:	<u>· </u>	-ax:	
E-Mail:					
61 1					
Address:					
City:	•	•		State: Zip:	
Phone:		E		Fax:	
E-Mail:Signature:		E-Mail: Signature			
Payment Information - The continuous fee in full, plus a prorated Corporate Dues: First year	share of the full annual dues for t	he first year.	•	applicants will pay the one-time	
Membership Category	1/1 – 3/31 Full Year	4/1 – 6/30	7/1 – 9/30	10/1 – 12/31 – 15 Months	
A 1 Broker	\$350	\$265	\$200	\$440	
B 2 to 3 Brokers	\$430	\$320	\$215	\$535	
C 4 to 6 Brokers	\$565	\$425	\$285	\$705	
D 7 to 11 Brokers	\$720	\$540	\$360	\$895	
E 12 + Brokers * ·Add \$40 for each additional bro	\$860 (# A	\$645 of brokers) = \$	\$430	\$1070	
Payment Calculations: Membership Category	Dues Amount \$	+ Initiation Fee \$100			
	or \$ (Please	· -			
-	_MC VISAAME			<u></u>	
Credit Card Number:			ı		
Card Holder Name:			Signature <u>:</u>		
STATEMENT OF APPLICANT					
I have read the listed membership the company and its brokers will co I hereby attest that the information	mply with all terms and condition	s of membership in the Yacht	Brokers Association of Americ	a necessary for membership, and tha ca.	
	provided herein is accurate allu t	ratifial to the best of filly KHOW	icuyc.		
Signed:					
Principal		Date			

Please Indicate the TOTAL Number of Brokers Working for Your Company _____ (See appropriate dues category below.)