



The Florida Commodores Association
ASSOCIATE MEMBERSHIP APPLICATION

Accepting the invitation to join, I hereby apply for associate membership in the Florida Commodores Association.

Chapter: _____

Name: _____

Spouse or Domestic Partner _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone: Home: _____ Business: _____

Cell: _____

Fax: _____ Email: _____

Check one:

Spouse/Domestic Partner YC Commodore YC VCommodore YC RCommodore

If a Yacht Club Officer, please name Club:

I agree to abide by the Bylaws and Rules of the Chapter and the Florida Commodores Association

Signature: _____ Date: _____

Enclosed is my check for: _____ US

Approved: Chapter: _____

FCA: _____