



# National Jet Boat Association

## Membership Application 2017

- \$250.00 Annual Membership – Racer, Owner, Spouse
- \$150.00 Last two races of the year

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Boat name \_\_\_\_\_ Boat number \_\_\_\_\_

(To retain your boat number, you must join by the 2<sup>nd</sup> race)

Hull type:  Hydro  Flat  Jet  Out Board Mfg. \_\_\_\_\_



Send to:

Josh Patridge  
371 El Rancho Drive  
La Habre, CA 90631

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Be sure to complete the emergency information form on the next page**

## **EMERGENCY INFORMATION**

Boat # \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

## **EMERGENCY CONTACT LIST**

(1<sup>st</sup> choice)

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Relationship \_\_\_\_\_ Ph# \_\_\_\_\_ Alt. Ph \_\_\_\_\_

(2<sup>nd</sup> choice)

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Relationship \_\_\_\_\_ Ph# \_\_\_\_\_ Alt. Ph \_\_\_\_\_

## **INSURANCE INFORMATION**

Policy no: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Insurance Agent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance co. ph. # \_\_\_\_\_ Cell \_\_\_\_\_

Doctor: \_\_\_\_\_

Ph. # \_\_\_\_\_ Alt. ph. # \_\_\_\_\_